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ABSTRACT

The U.S. Department of Health and Human Services' Office of Planning, Research, and Evaluation at the Administration for Children and Families, and the Office of the Assistant Secretary for Planning and Evaluation, are working together with states and other groups to improve the measurement of child outcomes in state welfare evaluations and in other state data systems. The Project on State-Level Child Outcomes has two phases. The first phase is a 1-year planning and design phase; the second is an implementation phase for data collection, analysis, and reporting activities. This report summarizes a meeting to finalize the common core of measures for the states' evaluations, the second in a series of national-level meetings of the planning phase of the project. After providing a detailed agenda of the February 27-28, 1997 meeting, the report summarizes presentations and discussions in the following sessions: (1) recap from last meeting and update on related activities (Welfare Peer Assistance Network (WELPAN) meeting, states meeting, child care researchers' meeting, letters and proposals sent to funders); (2) update on states' evaluations and work on indicators; (3) working session on core constructs; (4) "From Constructs to Measures: 'Filling the Notebook'" (what constitutes a "good" measure for use as an indicator or as an impact, criteria for selecting good measures, criteria for deciding if a measure should be in the common core or if it can be site-specific); and (5) child outcomes (discussion on which measures are to be used as indicators and which as impacts in the areas of child health and safety, cognitive achievement/educational attainment/school progress, and behavior and adjustment). The report then summarizes the second day of the meeting. "Filling the Notebook" was continued, with discussion of intervening mechanisms/interim outcomes in: (1) child care; (2) maternal psychological well-being; (3) maternal attitudes and skills; (4) stress; (5) parenting and the home environment; (6) father involvement; (7) stability of living arrangements and family structure; (8) use of services/benefits; (9) income; and (10) maternal education. Presentations were also given on possibilities for additional funding and next steps for technical assistance. The report's appendix summarizes a meeting convened to inform the child care components of state welfare waiver evaluations. (EV)

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THE PROJECT ON STATE-LEVEL CHILD OUTCOMES

From Constructs to Measures: Finalizing the Common Core

The Second National Level Meeting of the Planning Phase

February 27-28, 1997
Washington, DC

Meeting Summary Prepared by
Child Trends, Inc.
April 25, 1997

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Project Overview: *The U.S. Department of Health and Human Services'* Office of Planning, Research, and Evaluation at the Administration for Children and Families (ACF), and Office of the Assistant Secretary for Planning and Evaluation (ASPE) are working together with states and other groups to improve the measurement of child outcomes in state welfare evaluations and in other state data systems. ACF is providing grants to states instituting welfare reform demonstrations to augment their demonstration evaluations with measures of child outcomes and also to expand their data capability to track state-level indicators of child well-being on an ongoing basis. Under funding from ASPE and the other federal contributors and private foundations, the states are receiving technical support on these activities from leading researchers who are members of the NICHD Family and Child Well-Being Research Network. The Network's technical support effort is led by *Child Trends, Inc.*

The project has two phases. The first phase is a one-year planning and design phase which began October 1, 1996. The second phase will be an implementation phase for data collection, analysis, and reporting activities that will begin in the fall of 1997. Twelve states participated in the first phase: California, Connecticut, Florida, Illinois, Indiana, Iowa, Michigan, Minnesota, Ohio, Oregon, Vermont, and Virginia.

This report summarizes a meeting on discussions around finalizing the common core of measures for the states' evaluations. This meeting was the second in a series of national-level meetings of the planning phase of the Project on State-Level Child Outcomes.

The project is sponsored by ACF and ASPE. Additional federal funding to support this project has been provided by the *U.S. Department of Agriculture*, the *National Institute of Child Health and Human Development (NICHD)*, and the *Centers for Disease Control*. Several private foundations have contributed funding to support the organization of national level meetings, the provision of technical assistance to the states, and the preparation and dissemination of written products. These include: the *Annie E. Casey Foundation*, the *Edna McConnell Clark Foundation*, the *George Gund Foundation*, and the *Smith Richardson Foundation*.

The following individuals have been involved in multiple aspects of this project:

Administration for Children and Families
- Howard Rolston
- Alan Yaffe

Office of the Assistant Secretary for Planning and Evaluation
- Martha Moorehouse
- Ann Segal

Child Trends, Inc.
- Christopher Botsko
- Brett Brown
- M. Robin Dion
- Tawanda Greer
- Chisina Kapungu
- Sharon McGroder
- Suzanne Miller
- Kristin Moore
- Erin Oldham
- Martha Zaslow

NICHD Family and Child Well-Being Research Network
- Jeanne Brooks-Gunn
- Natasha Cabrera
- Greg Duncan
- V. Jeffrey Evans
- Kristin Moore

National Center for Children in Poverty
- Lawrence Aber
- Barbara Blum

PROJECT ON STATE-LEVEL CHILD OUTCOMES: SECOND MEETING
February 27-28, 1997

Wyndham Bristol Hotel
2430 Pennsylvania Avenue, N.W.
Washington, D.C. 20037
Ph: (202) 955-6400 / Fax: (202) 775-8489

Thursday, February 27, 1997

9:30-10:00 SIGN-IN; COFFEE/TEA

10:00 INTRODUCTION: UPDATE ON PROJECT STATUS

10:00- 10:30 Welcome -- Howard Rolston (Director, Office of Planning, Research, and Evaluation, ACF, U.S. DHHS); Martha Moorehouse (Office of the Assistant Secretary for Planning and Evaluation, U.S. DHHS)

10:30-11:00 Recap from Last Meeting and Update on Related Activities -- Kristin Moore, Child Trends, Inc.

Overview of topics covered at last conference
Discussion of related activities

- o WELPAN meeting, Jan 23rd (IL, IN, IA, MI, MN, OH)
- o MDRC states meeting, Jan 29th (CT, FL, MN, VT)
- o Child care researchers' meeting on Feb 7th
- o Other meetings?
- o Letters, proposals sent to funders

11:00-12:00 Update on States' Evaluations and Work on Indicators -- Representative from each state

12:00-1:00 LUNCH (will be provided)

1:00-3:00 WORKING SESSION ON CORE CONSTRUCTS

- o Review CTI's composite grid of child outcome (impacts and indicators) and intervening mechanism constructs and measures

3:00-3:15 <BREAK>

3:15-3:30 FROM CONSTRUCTS TO MEASURES: "FILLING THE NOTEBOOK"

- o Brief presentation on what constitutes a "good" measure for use as an indicator, and what constitutes a "good" measure for use as an impact; criteria for selecting good measures
- o Criteria for deciding if a measure should be in the common core or if it can be site-specific
- (o See composite grid of constructs, for each age range)
- (o See one-page summaries of measures and rationales, by construct)

3:30-5:45 CHILD OUTCOMES (specify which measures to be used as an **indicators** and/or which as **impacts**)

3:30-4:15 1. Child Health and Safety

4:15-5:00 2. Cognitive Achievement/Educational Attainment/School Progress

5:00-5:45 3. Behavior and Adjustment

5:45 RECEPTION

Friday, February 28, 1997

8:30 CONTINENTAL BREAKFAST

9:00 "FILLING THE NOTEBOOK" (cont.)

INTERVENING MECHANISMS/INTERIM OUTCOMES

9:00-9:30 1. Child Care

9:30-9:50 2. Maternal Psychological Well-being

9:50-10:10 3. Maternal Attitudes and Skills

10:10-10:30 4. Stress

10:30-10:45 <BREAK>

10:30-11:00 5. Parenting and the Home Environment

11:00-11:30 6. Father Involvement

11:30-12:00 7. Stability of Living Arrangements and Family Structure

12:15-1:15 LUNCH (will be provided)

1:15-1:45 8. Use of Services/Benefits

1:45-2:00 9. Income

2:00-2:15 10. Maternal Education

2:15-2:45 POSSIBILITIES FOR ADDITIONAL FUNDING -- Howard Rolston; Barbara Blum

2:45-3:15 NEXT STEPS FOR TECHNICAL ASSISTANCE -- Kris Moore

3:15 ADJOURN

SUMMARY OF THURSDAY, FEBRUARY 27 PRESENTATIONS

I. INTRODUCTION: UPDATE ON PROJECT STATUS

Dr. Howard Rolston, Director, Office of Planning, Research, and Evaluation, ACF, U.S. Department of Health and Human Services, opened the meeting. Rolston commented that he was impressed with the amount of work that the project participants have accomplished thus far. He also acknowledged all of the state participants, Child Trends, and the other researchers who have contributed to the success of this project. Rolston announced that ACF had developed the criteria for the implementation phase of the Project on State-Level Child Outcomes. The criteria were distributed later in the meeting. He also noted that they might make modest changes in the criteria, depending upon the discussions at the meeting. Second, Rolston said that ACF was close to making the announcements for the Track 1 January 15 grants. Thirty states submitted 43 applications for funding. Rolston noted that they were not able to fully anticipate what the Track 2 awards would look like until after the Track 1 awards were announced.

Dr. Martha Moorehouse, from the Office of the Assistant Secretary for Planning and Evaluation, U.S. DHHS, also provided opening remarks. Moorehouse said that she was also very excited about the work that the project participants have accomplished to date and about the future directions of this project. She also noted that the project has been conducted in a spirit of collaboration, and that this collaborative spirit should continue. Moorehouse provided thanks to the National Institute of Child Health and Human Development for their support of the February 7 Child Care Researchers Meeting. She also acknowledged Dr. Martha Zaslow and Natasha Cabrera for their role in organizing this meeting. Moorehouse stated that much of the work to date on the Project on State-Level Child Outcomes has been focused on impacts designs. However, the Project has a dual interest in impact work and indicators work. Making improvements in states' abilities to track trends in children's well-being over time is an important part of the project. In order to spend more time focusing on the indicators area, DHHS is sponsoring a meeting on indicators on April 28.

II. BACKGROUND AND UPDATE ON RELATED ACTIVITIES

1. Conversations and meetings -- Kristin Moore, Child Trends; Bob Lovell

Dr. Kristin A. Moore reported that, since the initial meeting in November of 1996, regular telephone conversations with state representatives have provided an opportunity to hear from the states and to provide information and assistance to them. States, meanwhile, were completing proposals to DHHS to support ongoing evaluation activities.

One highly efficient mechanism for working with the states was suggested by Bob Lovell of Michigan and Tom Corbett of the Institute for Research on Poverty at the University of Wisconsin. Together with Theodora Ooms of the Family Impact Seminar, they have organized seven Upper Midwest states into an organization called **WELPAN**, the Welfare Peer Assistance Network. Since six of these states are members of the Project on State-Level Child Outcomes, it made sense to meet jointly with these states. In fact, the seventh Upper Midwest state,

Wisconsin, was invited to listen in for the day, and one evaluator, David Fein from Abt, was able to join the discussion as well.

To assure that participants are communicating with common terms, the WELPAN meeting began with a review of the "Four I's." Even within the research community, the same terms are not always used. In order to be able to communicate across states, across research organizations, and across academic disciplines, a set of common terms are necessary:

Indicators: a measure of a behavior or a condition or status that can be tracked over time, across people, and/or across geographic units.
Impact Studies: experimental/control (E/C) studies in which participants are randomly assigned to either the experimental or the control group. If the study is well-designed and implemented, causal implications can be drawn for the population in the study.
Intervening Mechanisms: the ways in which welfare programs may have impacts on children. Intervening mechanisms are first affected by a policy or program; they in turn affect children's development and well-being.
Inferential Studies: studies that fall between indicator and impact studies, that go beyond indicator studies in that they attempt to assess causality but which cannot provide definitive evidence regarding causality.

Other terms that will be used over the life of this project were defined as well:

Domain: a broad substantive topical area, such as "Child Health & Safety."
Construct: topics within a domain. For example, grade progression, cognitive achievement, and engagement in schoolwork are all constructs within the broader domain of educational attainment and cognitive achievement.
Measure: an item or a set of items that provide a concrete way to assess a construct. For example, maternal depression can be assessed with a set of self-report paper and pencil questions asked of a mother. The individual items are combined into a depression scale. When a measure is included in an analysis, it may be described as a "variable," e.g., our depression variable.
Child Outcome Measure: an item, scale or index that assesses an aspect of the child's development or well-being, e.g., health, school performance or behavior. (Measures like income and parenting are not child outcomes, but can be intervening mechanisms or underlying indicators of child well-being.)

After reviewing these terms at the beginning of the WELPAN meeting, the group worked all day to select constructs within domains. Participants began with the lists developed at the November conference when state representatives met in small groups and generated a list of child outcomes and intervening mechanism; these lists were shared with states at the back of the summary of the first meeting. The goal for the WELPAN meeting was to go over this list and expand it. The technical assistance team wanted to make sure that the full range of potential outcomes being considered in the states would be represented in the list. The team wanted state representatives to really think through **how** welfare reform as implemented in their state might affect children, either directly or indirectly.

Thinking through this process sometimes led state representatives to think of unexpected effects (for example, that children in the experimental group might be more likely to arrive in school on time and be absent less often than children in the control group). Sometimes, this thought process led state participants to discard some expectations (for example, that work-oriented programs affect children's cognitive achievement or positive outcomes such as volunteering).

Bob Lovell from Michigan acknowledged the support of the Joyce Foundation, the Institute for Research on Poverty and the Family Impact Seminar, and provided additional insights about the WELPAN meeting. Lovell said that the meeting participants' goal was to "tell a story" about the mechanisms through which welfare reform will affect a family. The group considered whether a particular construct was a matter of public policy, whether it was related to welfare reform, and whether the construct was measurable. For the purposes of the WELPAN meeting, welfare reform was primarily focused on work. Meeting participants hypothesized that work would decrease parents' isolation, routinize family life, improve parent-child interactions, and decrease parental stress. These intervening variables, in turn, will affect children. Lovell stated that the group decided we need to know about income (its form and source), characteristics of the parents (e.g., attitudes, skills, psychological well-being, involvement in drug and alcohol abuse), characteristics of the children (e.g., academic achievement, behavior, emotional well-being), and characteristics of the broader family and group (e.g., housing, role of grandparents). The group decided that in order to tell a complete story, it was necessary to consider variables beyond child outcomes.

This conversation led to a discussion of priorities, which was completed by mail and which provides the basis for the current discussion.

Kristin Moore commented on another issue that began to emerge during these meetings and conversations. This is the question of how indicators of child well-being fit into a project where child impacts have captured everyone's imagination. From the beginning, this project has been designed as a way to help states develop or augment or make use of existing administrative data for their state. Administrative data can be linked with the records of the children in a state's impact sample and be used for impact analyses. Less noted but of comparable importance is the fact that administrative data can also be used to report on the condition of all children in a state. In addition, other data resources that go beyond administrative data are available and can be used as indicators of the well-being of all children in the state. The importance of work on this topic was further emphasized at a dinner held that evening. Dr. Martha Moorehouse challenged state participants to link up with others in their state who are striving to assess child well-being beyond the welfare domain and to think about how information being collected about children and families in their state might be reported.

3. Child care researchers' meeting, February 7, 1997-- Martha Zaslow, Linda Brumleve

Dr. Martha Zaslow gave a brief history of the meeting that was held on February 7, 1997, to inform the Project on State-Level Child Outcomes with regard to the choice of child care measures. She noted that child care had emerged as a high priority of the states in the November

meeting. A number of hypotheses were articulated for how state policies could affect child care, and in turn, children's development.

Child Trends staff thought that it would be productive to have a brief consultation from a research group at the National Institute of Child Health and Human Development (NICHD) working on the issue of child care. This research group, the NICHD Study of Early Child Care, has expertise in both recent research findings and measurement issues. Working together with Dr. Natasha Cabrera and Dr. Jeff Evans of NICHD, Child Trends started to plan for a brief workshop with some of the members of the NICHD Study of Early Child Care.

However, it quickly surfaced that there was a great deal of interest in child care in the new policy context. At a planning meeting, a larger group of researchers and policy makers (at both the national and state levels) expressed an interest in expanding from a brief consultation to a one day meeting with formal presentations. It was noted that such a meeting could serve two purposes instead of one: (1) to help inform the choice of child care measures for the Project on State Level Child Outcomes, and also (2) to discuss what is known about child care for low income children, and what research is needed within the new policy context.

Therefore, Cabrera and Evans collaborated with the team at Child Trends to plan a larger meeting. The meeting that was held on February 7th included about 50 participants and had about 12 presentations. These presentations focused on the new policy context, and also on research on child care used by low income families. A number of the people from the Project on State Level Child Outcomes were able to attend.

Linda Brumleve from Illinois summarized her experience of the Child Care meeting as a state level representative interested in the issue. She noted that the meeting was productive and informative. Much could be gleaned about measures and measurement strategies for the purposes of the Project on State-Level Child Outcomes. The meeting was also extremely informative as to research findings. Linda Brumleve recommended that the state teams read the summary about the meeting that was prepared (the summary is appended to this document).

4. Letters, proposals sent to funders

A topic of considerable interest to state representatives concerns ongoing conversations with private foundations. Interest on the part of foundations in understanding how welfare reform affects children as well as adults has been strong , and only one of the multiple foundations contacted to date has said it would not be possible to provide funds for the project. Contact with foundations will be ongoing, in the hope that funds can be made available that will augment the funds that the government will be able to allocate to these studies.

III. UPDATE ON STATES' EVALUATIONS AND WORK ON INDICATORS

Representatives from each state gave brief updates on their state's activities related to their evaluations. In addition, state representatives described their plans for the upcoming May 31 proposal.

1. **California**. Oshi Ruelas from California's Department of Social Services provided an update of the state's activities since the November meeting. Ruelas indicated that the first report for the California Work Pays program was released in December, and a report for the CAL Learn program is being prepared for release at this time. California submitted a proposal for both Track 1 and Track 2 funding in January. A variety of inter-agency meetings are taking place in California in an attempt to coordinate the linking of administrative data, and to explore which indicators will be most important to include for study. An interdepartmental meeting is planned for the child impacts study in which the team will explore what research questions should be asked, how to ask those questions, and to decide on an age group.

2. **Connecticut**. Mark Heuschkel reported on his state's activities since the November meeting. Connecticut decided to continue their control group and keep their original waiver evaluation intact. Their evaluation includes an impact study and a cost-benefit analysis of JOBS First. They have also added some enhancements to the evaluation, including an 18 month survey. They also plan to increase their sample size from 1080 to 1700 for the 36 month survey so that they can do more subgroup analyses. Connecticut is also conducting a special study of clients who reach the 21 month time limit. The first group of clients will reach this time limit in October of this year. The study will include between 40 and 50 intensive case studies of families' work behavior, other sources of income, and changes in living arrangements. Families will be followed for one year. Representatives from Connecticut participated in a meeting in January of the four states that have Manpower Demonstration Research Corporation (MDRC) as their third-party evaluator. Since this meeting, the Connecticut team has been reviewing relevant literature and refining their hypotheses about the relationship between welfare reform and child outcomes. They have also been working with MDRC on finalizing their measures and evaluating the quality and accessibility of their administrative data. They have not yet decided how they will incorporate the development of indicators into this project.

3. **Florida**. Don Winstead updated the group on Florida's activities since the November meeting. MDRC has prepared a report on impacts for the Florida waiver experiment that should be released soon. The evaluation shows employment and earnings gains continuing over time. There has been a decline in welfare recipiency. The higher income disregard and other policy initiatives have not cost the state extra dollars. They are tracking administrative data and child care expenditures for the experimental and control group. There is a higher child care cost for the experimental group but not as high as might be expected. Florida is concentrating its continuing evaluation efforts on Escambia County, the county that has policies that are most similar to WAGES, the state's welfare reform program. There are over 800 families that have been subject to the experiment for over 2 years and thus could have been subject to the time limit. However, a much smaller number have actually reached the time limit. There were a number of families who reached the final review process and withdrew in order to bank some months. More than 30 families have actually been terminated. Among these families, three out of 76 children have had benefits continued. MDRC is doing an extensive follow-up on those families that have hit the time limit. This includes in-depth qualitative interviews. Florida is maintaining old AFDC policies for the control group and submitted a Track 1 proposal.

4. Illinois. Dave Gruenenfelder gave an update of Illinois' activities since the November meeting. Illinois will implement TANF in July of 1997. Consequently, the design of Illinois' experimental study will change slightly. Illinois will now be concentrating on the study of time limits and work requirements. All program participants (e's and c's) will be equally subject to all other waiver and TANF provisions. The University of Chicago has been conducting interviews to determine the availability of data on children within the state. Although Illinois does not currently have a third party evaluator, they are planning on putting out a RFP for one soon.

5. Indiana. Tracey Nixon provided a report on some of Indiana's activities. They have been meeting with various agencies to develop a list of priorities for this project. They have been considering what is available, what can be collected and where the impact of their waiver demonstrations will be. The current priorities are access and use of health care and child care. They are unsure whether some of this will involve special studies. David Fein of Abt Associates provided some further updates concerning Indiana's evaluation. Indiana submitted a Track 1 proposal and is continuing to pursue its statewide experiment. The control group will continue to get traditional AFDC. The policies of the treatment group will change in May. This will extend the work requirement and time limit to most of those treatment group members who were previously exempt. This will enable them to make comparisons among groups that experience policy changes at different points in time. There will be a two year time limit that sanctions the adult's contribution to the grant. They have a survey of 1500 clients that is currently in the field. The survey is collecting information on demographics, family structure, and some other information. Indiana will be issuing an early-impact report within a month or so which will cover those recipients exposed to 6-18 months of the original reforms.

6. Iowa. Deb Bingaman updated meeting participants on events in Iowa. Iowa began welfare reform in 1993. They would like to continue their study, but without a control group. The study will include continuing their client surveys, some of which will be mixed mode (telephone and in-person). Particular topic areas that Iowa is interested in include spells of program use, recidivism, employment and its effect on the family, recipient earnings, and poverty rates in the state. In addition, the client surveys will include questions on family formation and stability, child outcomes, a client's involvement in various programs, family circumstances and life events, attitudes, and clients' impressions of TANF. Iowa is also continuing a series of focus groups which will include teenage parents, two-parent and single-parent families. Iowa is considering adding additional focus groups that may include legal immigrants, families with children less than three years of age, the unemployed, the sanctioned, and the exempt. The focus groups will be designed to understand the experiences and perceptions of recipients and their progress toward self-sufficiency. Perceptions of child care availability will be another component of the focus groups.

7. Michigan. Bob Lovell summarized Michigan's activities. Michigan submitted six grants, including two related to their 1115 waivers and two related to state plans to evaluate welfare reform. Several major changes are going on within the state. As of February 18, 1997, Michigan has a new director of its welfare system. Beginning April 1, Michigan will be combining the day care worker, the employee trainer, and the case worker into one position called a Family

Employment Specialist. The state has also instituted an early retirement program which will have implications for the research efforts that Michigan has been conducting. Finally, Michigan will implement a new computer system in October. Michigan's evaluation of "To Strengthen Michigan Families" will be finished in April, 1997. In August of this year, the state will be hosting an evaluation conference. Participants, including policy makers, potential funders, and researchers from Michigan universities, will examine what is currently being done in Michigan to evaluate welfare reform programs and what future evaluations should be undertaken.

8. Minnesota. Chuck Johnson presented an overview of Minnesota's activities. MDRC, Minnesota's third party evaluator, will be releasing an evaluation of Minnesota's program, the Minnesota Family Independence Plan or (MFIP) this spring. The report will include employment and earnings impacts. Johnson noted that the impacts of MFIP on employment and earnings are large for long-term recipients. Minnesota will continue their control group. Minnesota has plans to field a 36 month follow-up survey, which will include a child outcomes component. The survey has been expanded by 25 minutes and it will be conducted in homes for a portion of the single parents in their sample. Johnson also said that Minnesota is conducting a large, comprehensive indicators project. The Department of Children, Families, and Learning has data on 60,000 school children across the state.

9. Ohio. Jackie Martin updated meeting participants on Ohio's activities. Ohio is considering adding child outcome measures to three evaluations. These include: *Ohio First*, *LEAP*, and *LearnFare*. For the evaluation of *Ohio First*, they are focusing on using indicators and conducting inferential studies as they dropped their control group. Ohio is developing an RFP in order to obtain a third-party evaluator of this program. *LEAP* is a program that offers financial incentives and sanctions for teenagers who are pregnant or parenting. MDRC has beeen working on the evaluation of this program and will release a report in June of 1997. Ohio has a waiver to continue *LEAP* through 2003. Thus, they will be able to follow the sample (including children of the teenagers) until they are in their late twenties. They will be developing an RFP this September to obtain a third-party evaluator to continue the evaluation of *LEAP*. Macro International is evaluating *Learn Fare*. The Ohio team has been working on many different program areas. Within the next two weeks after the second meeting of the Project on State-Level Child Outcomes, the team will develop their model of causal pathways between welfare reform and child outcomes.

10. Oregon. Lily Sehon from the Adult and Family Services division presented the update for Oregon. Oregon did not submit any proposals under either Track 1 or Track 2 in January. In addition, Oregon plans to drop their control group and is not intending to apply for implementation funds on May 31. They are interested in further discussions on indicators of children's well-being. They have also expanded their indicator capacity by using the Shared Information System, an administrative data warehouse that involves several state agencies. Oregon has also developed other data processing and survey systems. The projects that they are conducting are guided by the *Oregon Benchmarks*, a statewide system set up in 1991 to provide state indicators in several different categories.

11. Vermont. Cheryl Mitchell from Vermont reported on the activities of the state since the last meeting. Vermont submitted a Track 1 proposal in January. They plan on maintaining their original experimental design for their waiver evaluation. They proposed adding 1000 people to their survey in the January proposal as well as adding an interim survey. Vermont continues to monitor their administrative data for measures of children in relation to an impact study as well as an indicator project.

12. Virginia. Carol Baron from Virginia's Department of Social Services reported on the activities of the state. Virginia's *VIP/VIEW* program began in July of 1995, and for now, the experimental design is being maintained. On February 1st, the mandatory TANF program was implemented, but the control group participants will be exempted from the work requirements and time limits until June 30, 1997. Virginia applied for Track 1 funding in order to complete analysis of the data that has been collected since the program began and to carry out a survey possibly containing some child outcomes. Virginia also applied for Track 2 funding for future indicators work and a TANF evaluation activity. Virginia Tech's Center for Public Administration and Policy and Mathematica Policy Research have been retained by the state to assist in developing the May proposal.

IV. SYNTHESIS ON PRIORITIZATION OF CHILD OUTCOME AND INTERVENING MECHANISM CONSTRUCTS

1. Overall Conceptual Model, with Core Constructs -- Martha Zaslow

Dr. Martha Zaslow gave a presentation that traced how the steps made at the previous meeting of the Project on State-Level Child Outcomes, and in subsequent communications, have evolved into a conceptual model of how welfare policies could affect children. The steps that have been made thus far have involved two processes: (1) *expansion*, or seeking to articulate hypotheses and constructs in an inclusive manner; and (2) *winnowing*, that is, with the full set of possibilities before us, identifying those that the states view as most important.

The expansion phase in articulating a conceptual model. At the November meeting of the Project on State-Level Child Outcomes, work towards a conceptual model began by identifying the three major components needed for a conceptual model (see Figure 1, *Initial Model*, in Appendix):

- State policies
- Intervening mechanisms
- Child outcomes

In the most basic terms, a model would need to specify the key components of the state welfare policy, identify the mechanisms or pathways by which such policies might affect children, and indicate which specific child outcomes might be affected.

At the small group discussions at the end of the November meeting, the states made a great deal of progress in breaking these broad categories down into more specific ones. Three kinds of

intervening mechanisms were differentiated (see Figure 2, *Differentiation of Intervening Mechanisms Following State Discussion* in Appendix):

- Aspects of adult life that were *directly targeted* by state welfare policies (for example, maternal employment and family income);
- Other aspects of adult life that were *not directly targeted* by state welfare policies, but that nevertheless might be affected by these policies (for example, maternal psychological well-being); and
- Aspects of the child's environment that might be affected by the policy, because of changes brought about in adult life (for example, changes in the home environment that might occur when the mother is employed)

In the same way, the states identified three types of child outcomes that they felt might be affected by their welfare policies, and that states would be most concerned about (see Figure 3, *Differentiation of Child Outcomes Following State Discussions* in Appendix):

- Educational outcomes
- Health and safety
- Social and emotional adjustment

In the small group meetings at the end of the November conference, the group leaders asked the state teams to articulate their specific questions and hypotheses for how state policies would activate intervening mechanisms that might, in turn, affect children's development. In the ensuing discussions each team articulated a list of specific intervening mechanisms and child outcomes. For example, in these discussions, the teams went beyond identifying maternal employment as something that might be affected by their policies to specify that hours of employment and wages should be considered. The teams went beyond the broad category of educational outcomes to identify such specific aspects as expulsion from school and retention in grade as important. After the November meeting, staff at Child Trends compiled an inclusive list of the more specific constructs that the states had articulated.

As a final step in the expansion phase, staff at Child Trends sent a summary list to the states, asking for feedback, and asked for the state teams to *add* any key constructs that appeared to be missing.

The winnowing phase in articulating a conceptual model. The next step in the process involved *prioritization*. The inclusive list of intervening mechanisms and child outcomes was revised in light of feedback from the states. Each team was asked to identify their highest priorities (see copy of form sent to states for prioritization in the Appendix). The small group meetings that have occurred since the November meeting also focused on the key task of prioritization.

Dr. Zaslow then presented an overview of the conceptual framework that emerged from the prioritization process (Figure 4, *Conceptual Framework Following State Discussions* in the Appendix). For each of the constructs (boxes) in the conceptual framework, Zaslow also

reviewed the specific aspects that states had identified as important to measure (see Figures 5-8 identifying *Aspects of Constructs to be Measured Following State Prioritizations).*

It was noted that the model is primarily a "left to right" model. That is the boxes on the left in the figure are assumed to progressively lead to the boxes on the right, with state policies affecting aspects of adult life that are directly targeted by the policies as well as other aspects of adult life; these in turn are expected to affect children's experiences in their primary care environments and subsequently child outcomes. Zaslow noted, however, that more complex feedback loops were possible. For example, the child care environment could have implications for the mother's employment. The lack of arrows showing specific lines of causation in the conceptual framework figure was noted. Arrows are absent at this point because each of the states will vary in exactly how they will want to fill in the arrows, according to their states' policies and specific hypotheses. She also noted that the conceptual framework would provide the basis for choosing measures for the "common core," or set of measures to be used in common across each of the child outcome studies. States could choose to add further constructs and variables if they wished to go *beyond* the common core in their evaluation studies.

Zaslow then asked the state teams for discussion about the conceptual model to this point, asking specifically whether the teams saw a need to revise at this point. There was an extremely helpful discussion. It was noted that the identification of constructs and specific variables within these models should allow for program impacts in a positive as well as negative direction, whereas the wording used for certain of the constructs seemed to anticipate only negative outcomes. Thus, for example, the states requested that the term "marital birth" as well as "nonmarital birth" be used within the construct of family formation. There was a discussion of the likelihood of maternal depression changing as a result of state policies. The possibility was raised that states might want to attempt to measure such positive aspects of maternal psychological well-being as life skills or sense of optimism.

Participants looked at the conceptual model also from the perspective of constructs that might be missing. For example, it was noted that there was no construct seeking to measure neighborhood or housing quality. Yet families may move if their incomes change as a result of the state policies, and their residential situations may change (for better or for worse) accordingly. Participants at the meeting noted the importance of the issue of flexibility in work and child care, which did not yet seem to be addressed in the present conceptual model. There was discussion of the importance of attempting to measure premature employment in older children in the sample, and of levels of family income that might need to be passed before child outcomes were affected.

Having examined the conceptual model for missing constructs and variables, the group then also noted the risk that a common core of measures, based on the conceptual model, was overly long. The discussion raised the possibility that we may need to do some further prioritization. One possibility that was raised was that of focusing on aspects of adult life that are directly targeted by the policies, but not on the other aspects of adult life that, while not directly targeted, may still be affected by state policies.

2. Subgroup Analyses--Kristin Moore

Kristin Moore noted that states need to be concerned not only about constructs and measures, but the design of their studies as well. One issue that requires advance planning is the implications of subgroup analyses for sample design. Subgroup analyses require a large number of cases. For example, analysts might wish to examine impacts separately for long-term versus short-term recipients. Looking several years into the future, it may be the case that overall child impacts are found. Whether positive or negative, policy makers are likely to want to know whether such impacts occur across their entire client populations or are concentrated within particular subgroups. For example, impacts might be found among long-term recipients but not short-term recipients. Alternatively, impacts might be found among rural but not urban recipients. On the other hand, no overall impacts might be found. However, when subgroups are examined it may be the case that impacts are found. For example, impacts may occur among recipients with high levels of depressive symptoms but not in the larger population of recipients with no or few depressive symptoms.

Available research and theory suggest that the implications of welfare reform for children are quite likely to differ for different groups of children, and it will be important to plan ahead to be able to conduct subgroup analyses. Power analyses need to be consulted to ascertain whether planned sample sizes are sufficient to detect likely impacts for the total sample and for subgroups of the sample.

V. A DISCUSSION OF WORKING PARAMETERS--Martha Zaslow and Howard Rolston

Howard Rolston noted the need for common working parameters as we move towards a common core for this project. While states will need to make some decisions separately, there is also a need to be in agreement across the states for certain common decisions.

Dr. Martha Zaslow then led a discussion of a preliminary list of such "working parameters." A handout (that had been reviewed by government project officers) was distributed as a starting point for a discussion on working parameters. The state teams reviewed and discussed the following elements of the working parameters document:

- **Suggested measures for the common core are based on the constructs identified in the prioritization process.** The technical assistance team has assembled options for the common core measures. The team has also provided suggestions for measures for those constructs that the states identified as important at the November meeting and then that "survived" the process of prioritization.

- **Comparability across states.** The purpose of the common core is to come up with measures that can be used across states, and thus provide some comparability of data.

- **Flexibility for states.** It is assumed that states can opt to go beyond the measures of the common core, for example by carrying out in-depth studies of special issues (e.g., on-site

observations of child care settings), or by requesting funds to improve their state-level indicators data. It is assumed that states proposing to carry out augmented studies of particular topics will also request additional funding for such studies.

- It is assumed that states can opt to drop sections of the common core, for example if the issues covered have already been addressed in previous survey waves for the sample. States may also opt to drop sections of the common core if they provide good justification that an intervening mechanism or child outcome is not likely to be affected by state policies.

- It is assumed that states can opt to substitute administrative data for the survey measures being proposed, with appropriate justification and assurance of data quality.

- **Mode of data collection.** In assembling a set of suggested measures for the common core, the technical assistance team assumed mixed mode administration of a survey, that is, telephone administration with in-home follow-up of families who could not be reached by phone. It is important to note that all measures that can be administered by phone are also appropriate for in-home administration. A key decision for the group is that of whether a survey approach will be taken and if so, whether the states will use mixed mode or in-home administration.
- **Focal child.** The technical assistance team assembled possible measures for each construct assuming that a focal child would be selected in each family. However, some questions may be asked about all children in the family, and thus suggested measures are marked as "focal child" or "all child" measures.
- **Child age.** In assembling possible measures, the technical assistance team assumed that states may choose to focus on specific, delimited age ranges in carrying out the core study (for example, elementary school age or adolescents) rather than focusing on a wide age range. Thus, the age ranges for which child outcome measures are appropriate are noted. In addition, specific augmented studies may choose to focus on a very narrow age range (for example, a state might opt to focus on the issue of infant day care, and accordingly select measures appropriate for this delimited age group). A key issue for the group to discuss is that of whether any limits should be placed on child age for the state studies.

Discussion and Decisions. An open discussion followed the review of these working parameters. The discussion focused on the key decisions of (1) whether states needed to field surveys for their child outcomes studies or could rely primarily on administrative data, and (2) the range of child age that the present studies should focus on. Please note that some of the following decisions were finalized following post-meeting discussions between CTI and HHS.

After extensive discussion, it was agreed that in order to have comparable data, the states examining child outcomes should all plan to field surveys. The working parameters regarding substitution and deletion will, however, hold. If a state has already collected key information in previous surveys, it will not be necessary to do so again. States may propose the substitution of administrative data for *selected* constructs in the survey (though not the full survey) with appropriate justification and assurance of data quality.

The advantages of in-home as opposed to telephone surveys were noted. These include the greater ease of collecting child care histories and the greater reliability of the data when mother and interviewer use a calendar format to record the information; the ability to collect direct assessments of children's cognitive development; and the ability to complete ratings of the home environment and housing circumstances.

The discussion concerning child age resulted in the decision that the present child outcome studies would focus on children of 5-12 years of age. This decision was based on the fact that the child outcome studies, in most instances, will be fielded a period of years after random assignment to waiver evaluations. This age range would thus permit consideration of child outcomes for children who were preschoolers when their mothers became subject to waiver policies, and children who were of school-age already at this point in time. In addition, states are interested in considering outcomes for school-age children, where special services, both in school and out of school, may begin to be involved for children experiencing difficulties. Only a small number of state proposals had indicated plans to study adolescents. Studies of adolescents would still be possible as augmented studies. However, the group decided that the common core would involve school-age children.

The team affirmed the decision to select a focal child within this age range within each family, but also to ask certain questions for all children in the family.

VI. FROM CONSTRUCTS TO MEASURES: "FILLING THE NOTEBOOK"

A number of sessions then focussed on the very practical task of examining measures and discussing the rationales for including constructs and specific measures.

Intervening Mechanisms/Interim Outcomes: Targets of Welfare Policies

1. Income

Many welfare policies are designed to change income. Welfare reform may change income because:

- employment leads to higher income;
- increased income disregards may lead to an increase in family incomes;
- sanctions may produce a decrease in family income;
- greater emphasis on employment may mean a greater percentage of income comes from work rather than welfare;
- the unsteady nature of low-skill employment may lead to greater instability in income.

Changes in income may in turn affect children because:

- increased income may in turn allow the parent to purchase better quality child care, food, health care, and educational resources;

- decreased income may increase parental stress levels and decrease the resources available for the child;
- declining or unstable income may make it difficult to pay the rent and this may lead the family to move or double-up; alternatively, higher income may enable the family to move to a neighborhood that is safer or has better schools.

Possible Measures. The winnowing process began with a list of constructs that included total income, sources of income, and stability of income. Various measures were reviewed and a debate ensued over the usefulness of administrative data. Some states thought they could make greater use of administrative data; others were less sure. Many participants expressed a concern over the potential length of the income section. There was a suggestion that financial strain and material hardship would be worth considering for inclusion. In response to the group's concerns over length, Child Trends decided they would confer with Greg Duncan (who wrote the income rationale), look at the Minnesota MFIP questionnaire and the Indiana questionnaire and present a more limited number of items that would get at the crucial areas regarding income.

2. Employment

Employment is one of the key targets of welfare reform. Included among the ways that welfare reform may affect employment are:

- stricter work requirements may lead to higher and/or longer hours of employment;
- work requirements may lead more and more parents to take jobs they might have passed up. This may lead to an increase in jobs characterized by shift work and "off-hours" work;
- training programs may result in improved soft skills and job retention;
- work requirements may result in more ill-prepared individuals entering the labor force. They may be unable to retain jobs for any length of time.

Some of the reasons changes in employment-related behavior may affect children include:

- successful employment may lead the parent to enforce routines. These routines may result in the child performing better in school;
- some parents may fail to get a job or end up getting fired; this may result in depression with negative effects for the child;
- steady employment may lead the parent to find a stable, high-quality child care situation that has a positive effect on the child's school readiness or school performance;
- a parent with an "off-hours" job may place a child in an inadequate, changing or ad hoc child care situations, producing problems for child's health, socioemotional development, and safety.

Possible Measures. The group considered the initial list of employment constructs and examined some of the question items designed to get at those constructs. Once again there was an extensive debate over administrative data and the potential length of any survey section on employment. A decision was made that it would not be useful to measure soft skills given the quality of existing measures. There was a concern that any measure of employment needed to

get at whether a person held multiple jobs at the same time. As with income, Child Trends decided they would confer with Greg Duncan (who wrote the income rationale), look at the Minnesota MFIP questionnaire and the Indiana questionnaire and present a more limited number of items that would get at the crucial areas regarding employment.

3. Family Formation and Dissolution

Family formation, dissolution and non-marital childbearing did not suddenly emerge for the first time as issues in TANF. Indeed, a number of the state waivers over the years have had among their goals reductions in non-marital childbearing, reductions in family dissolution, and increases in the formation of 2-parent families. Expectations are that:

- work requirements, time limits, sanctions and/or a family cap may reduce non-marital childbearing;
- stronger child support enforcement may discourage parenthood outside of marriage;
- time limits and sanctions may cause families to double up, either with grandparents and relatives, or with unrelated individuals;
- families may form or stay together despite high conflict, due to economic pressures.

Changes in family structure are anticipated to have a number of implications for children in turn. In fact, a considerable body of research suggests that two-parent families would foster child development, particularly if the parents are the child's own biological parents and it is a low-conflict marriage. Specifically:

- smaller families would enhance child development;
- two-parent families would have higher income, and stronger investment in the child such as monitoring and routines, especially if families are formed by biological parents;
- high conflict marriages/unions may undermine children's development;
- living in a supportive situation, perhaps with grandparents, may be supportive for parents and children;
- doubled-up households may be crowded and increase the risk of abuse or violence.

Possible Measures. The technical assistance team suggested covering issues of family formation and dissolution using a set of questions pertaining to changes in living situation similar to those used in the New Hope project. These questions would have to be modified for use on the telephone, but the general format could be preserved. A person could be asked if they have experienced a marriage, separation, or divorce since random assignment. If they replied "yes" then they could be asked when this occurred. Asking when the change occurred is useful information in itself and is likely to improve the accuracy of reporting.

4. Changes in Attitudes Toward Work and Welfare

Welfare reform was hypothesized to affect recipients' attitudes toward work and welfare in the following ways:

- work and training experiences will produce more positive attitudes about work among parents;
- general discussions about welfare and work will produce increased expectations for work, more positive attitudes about work and marriage, and less positive attitudes about welfare.

Attitudes toward work and welfare, in turn, were hypothesized to affect children's well-being in the following manner:

- positive parental attitudes about work and/or negative attitudes toward welfare will increase children's educational goals, school engagement, and school success.

Possible Measures. Seven items from the National Survey of American Families which tap mothers' opinions on the effects of welfare on other life decisions (e.g., finding work; having a child) and attitudes about maternal employment were recommended. This survey is still in the field, hence no reliability or predictive validity information in available. Also recommended were eight items from the Five-Year-In Home Interview of the JOBS Child Outcomes Study. These items are related to mothers' employment and welfare and the perceived barriers to their becoming employed. After discussing this domain at the meeting, state representatives preferred not to include measures of attitudes in the common core.

INTERVENING MECHANISMS/INTERIM OUTCOMES: Other Factors that May be Affected by Welfare Policies

5. Resident Parent's Psychological Well-being

At the November 1996 meeting, states tended to focus their interest in parental psychological well-being on one key aspect: maternal depression. Discussion of depression started by defining it as a negative mood state so extreme that it interferes with daily functioning and productive activity. Previous research was cited, showing that depression rates in samples of low-income women with young children range from 42% (in the JOBS Descriptive Study) to 60%. In thinking about whether welfare reform policies may increase or decrease maternal depressive symptoms, we hypothesized that:

- working in low-paying, unstimulating jobs, or hitting time limits or sanctions may increase depression; or
- becoming self-sufficient may put mothers into a more positive frame of mind and decrease symptomatology.

It was pointed out that high levels of depression and stress have been found to lead to parenting that is more harsh, hostile, and less emotionally supportive to the child. A variety of child development studies have established that children of depressed parents:

- display higher levels of behavior problems, both externalizing behaviors, such as aggression, and internalizing behaviors, such as anxiety and depression;
- have been found to have deficits in social and academic competence;
- often have poorer physical health

The CES-D, a widely used survey measure of depressive symptoms, was recommended. The full 20-item version of the scale has high reliability and validity and has been used in other welfare program evaluations. For shorter surveys, or for telephone formats, shorter versions are available, though established cutoff scores are not yet established for these. A telephone version of the CES-D is planned for the parent questionnaire of a large-scale nationally representative survey of early childhood education.

Some participants questioned whether depression is sensitive to the effects of programs and whether it is the most appropriate construct to measure in the domain of parental psychological well-being. However, other participants noted the substantial variation in depression across persons in varied life circumstances and others felt it was important to rely on the knowledge that has already been established regarding the link between parental depression and children's outcomes.

6. Absent Parent Involvement

In previous discussions with the state representatives, many people have said that the core constructs should be focused not just on the resident parent, but also on the *nonresident parent.* Thus, this section is entitled "Absent Parent Involvement." However, since in most cases, state waiver provisions concerning nonresidential parents are targeted toward fathers, the hypotheses and measures that were presented were focused on fathers.

First, hypotheses on the relationship between welfare reform provisions and absent parent involvement were presented:

- enforcement of child support and paternity establishment may increase contact between nonresident parents and their children;
- forcing fathers to acknowledge their paternity and pay child support might increase feelings of anger and resentment toward both the mother and the child;
- enforcement of formal child support payments may affect the nonresident parent's provision of informal support, such as the provision of cash, groceries, clothes or diapers, to the child, or affect the involvement of the father's family with the child.

Then, hypotheses on the relationship between absent parent involvement and child outcomes, in general, were presented:

- increased involvement of absent parents in the form of child support payments is anticipated to have positive implications for children's well-being, particularly on cognitive development, academic achievement, and behavior problems;
- alternatively, increased stress and conflict between parents, if child support enforcement may have a detrimental effect on children's well-being if the quality of the father-child relationship is poor or inconsistent or the relationship ends.

Possible Measures. Administrative Data: States are already collecting administrative data on child support and paternity establishment. The question is whether for the states' evaluations,

they will be able to link data from the child support enforcement agencies to their research samples. Data quality is another important consideration. In addition, administrative data will not capture the provision of informal support--either economic or noneconomic--or the amount of contact that a father has with his child.

Survey Data: Meeting participants were provided with several examples of child support modules which include questions about formal child support payments, informal child support payments, and other aspects of informal support such as purchasing toys or groceries. In addition, they were provided with examples of questions about father-child contact--both in person and through letters and phone contact. These include questions from the JOBS Descriptive Study; the Child Development Supplement of the PSID, the National Survey of America's Families, and the child support topical module from the Survey of Income and Program Participation.

7. Stability and Turbulence

Turbulence was defined as multiple changes in life circumstances. There are a number of ways that welfare reform may alter the level of stability or turbulence in a child's life. Examples include:

- parents who become employed may use child care assistance to enter into a stable, long-term child care situation;
- sanctioned parents may be unable to pay rent and end up moving between relatives and friends;
- children may change schools and/or child care arrangements frequently;
- employment requirements may lead parents to acquire a steady job with a stable income;
- employment requirement may result in a parent taking a job that requires shift-work. Such parents may have to rely on multiple and shifting child care arrangements.

Changes in the level of stability and turbulence have been shown to affect a number of different aspects of a child's life. Examples of how this may happen include:

- employed parents may locate a stable, high-quality child care situation, which can improve the child's school readiness and reduce behavior problems;
- a chaotic and frequently changing living situation may result in a deterioration in child's school work;
- lower income may make the family move and the child may then adapt poorly to a new school resulting in an increase in behavioral problems.

Possible Measures. The initial list of constructs was presented along with a set of measures. Most of the group agreed that this construct is closely linked to changes in welfare policy. There was a strong sense that both stability and turbulence needed to be covered. Participants stressed the importance of focusing on the child's experience since the child may be separated from the parent.

8. Consumption

Changes in welfare policy will potentially alter family consumption patterns. Among the ways this might happen are the following:

- increased income from higher income disregards may decrease the percent of family income needed for housing and food, making more money available for other purposes;
- sanctions may reduce income, making it difficult for families to continue to afford their current residence;
- work requirements may result in children being enrolled in a day care center where they are served a better breakfast and lunch than they were eating previously;
- family income may decline and the family may end up spending less on food and as a result may have a poorer quality diet.

Some examples of how changes in consumption may affect children include:

- increased income may enable a family to move to better housing while spending the same percentage of their income on housing;
- decreased income may mean housing requires more of the family budget and eventually may result in families moving in with friends or relatives;
- sanctions may result in decreased income, squeezing the family's food budget, but families may be able to make it up by an increasing reliance on food banks.

Possible Measures. Three areas of consumption were discussed. These included percent of income spent on child care, housing and food. It was stressed that any such measure needed to include concurrent measures of both income and the area of consumption being examined. Child care measures had been discussed under child care. Concerns were raised over the difficulty of getting strong measures of food consumption. Steven Carlson of the Food and Consumer Service in the U.S. Department of Agriculture suggested that states interested in the topic consider a set of questions they have developed as part of the food security measurement project. This will be discussed in the summary of the discussion of health and safety outcomes. Concerns were raised about measures of housing consumption since it is difficult to get a clear reading on housing-related costs such as utilities. There were suggestions that measures of financial strain may be a useful way of getting at some of the same concerns which led to the inclusion of measures of consumption. The group decided to retain "% of income spent on child care and rent" as part of the common core.

9. Use of Health and Human Services

At the November meeting, states identified the use of health and human services as an important domain for measurement. Mothers who are mandated to participate in employment and educational activities through the welfare office might also be introduced to additional resources available to them. Welfare reform may affect participants' use of health and human services in the following ways:

- case management through the welfare office may identify families' service needs and improve access to needed services;
- referral to needed services may facilitate parents' leaving welfare for employment (e.g., child care subsidies, Medicaid, Food Stamps).

In addition to supporting the mothers' transition from welfare to work, these services are likely to benefit children in the following ways:

- Food Stamps may allow the family to purchase additional/more nutritious food, improving child health;
- quality child care benefits children's health, educational, and socioemotional development;
- Medicaid can ensure proper medical care when needed, improving children's health.

Possible Measures. Data for the use of health and human services are often collected administratively. However, such data may sometimes be incomplete or have other quality problems, or identified records may be difficult to obtain for a sample. In addition, administrative data may not be informative of whether the child may have health care coverage other than Medicaid (such as private insurance or an HMO), or whether the family is having difficulty accessing services. Thus, some options for mixed mode or in-home surveys were presented. Meeting participants suggested that other health and human services be added to the list, such as the use of mental health services, alcohol and drug services, Child Protective Services, and the use of heating and energy assistance programs. Meeting participants, however, decided to retain the set of core constructs (Food Stamps, Medicaid, childcare subsidy, access to medical care). States could still measure use of other services, but these would not be part of the common core.

SUMMARY OF FRIDAY, FEBRUARY 28 PRESENTATIONS

I. INTERVENING MECHANISMS/INTERIM OUTCOMES: Child's Environments Likely to Be Affected by Previous Intervening Mechanisms

10. Child Care

Child care is of great importance to the evaluation of welfare waivers and welfare reform as it is generally crucial for parents' success in employment and self-sufficiency activities. Child care is typically defined as any non-maternal or non-parental care arrangement. Types of child care include child care centers, family day care homes, relative or neighbor care in or out of the parent's home, Head Start programs, and before or after school care. Once the child is of school-age, the notion of child care is expanded to include lessons, regular activities, and self-care.

For the possible effects of welfare reform on child care, it was hypothesized that:

- increased work participation leads to increased use of child care;
- increased child care subsidies and transitional benefits may lead to increased use of child care and use of child care over longer periods;
- reliable child care may contribute to sustained employment;
- increased demand for care may lead to increased use of unregulated care.

Regarding the effects of child care on children's development, there is evidence that participation in child care can lead to:

- enhanced cognitive development especially for low income children when the child care environment provides a stimulating environment from which to learn;
- enhanced socioemotional development through the child's interactions with other children and with competent, sensitive teachers.

On the other hand, if the child care arrangement is of low quality then the child's development might be put at-risk in terms of both their cognitive and social development. For instance, high rates of teacher turnover have been shown to be related to aggressive behavior. Alternatively, then:

- low quality or inconsistent arrangements may undermine children's development.

Possible Measures. Administrative Data. Administrative data could be used to measure some of the aspects of child care that states might want to capture. Administrative records could be used to assess the availability of care, use of subsidies for care and the cost of care, although the cost of care is most likely not broken down by child. A particular state may have additional child care information available. It is very possible that administrative data may be very helpful in the future due to new reporting requirements. Currently, administrative data are restricted to those who receive services and subsidies.

Survey Data: With regard to survey data, a number of possibilities were considered. State picks for child care included accessibility of care, availability of care especially for nontraditional work hours, infant care and sick care, cost of care, and type of care. The technical assistance team recommended that the states also measure the extent of care. This allows states to know how much time the child is spending in the care situation. After much discussion about whether the states agreed with the initial picks, we came to consensus that the focus of the child care measures should be the child. Therefore, our core list changed to the following:

a question on the type of care
a question on the number of children in group (group size)
a question on the number of teachers with children in group (ratio)
a three item quality scale from Arthur Emelin
questions on stability (number of care givers over past year, number of care arrangement using during last week, scheduling of arrangements-on a weekly basis or same from week to week)
a question on extent of care (number of hours in care per week)

Beyond the key questions for all of the states, we also decided on a number of child care questions for states that want to focus in particular on child care in their evaluations. This second group of questions would include:

a question on relation of child care to work (number of days missed or late because of child care)
a question on availability of sick care and care in general
a question on reliability of care (Emelin's three item scale)

11. Home Environment and Parenting Practices

The home environment is another proximal environment that will directly affect the child. Parenting practices represent a primary element of the home environment. We hypothesized possible effects on parenting and the home environment to include:

- opposition to work participation by partners which could increase conflict and possibly domestic violence;
- reduced income from welfare and other benefits which may lead to increased incidence of neglect;
- mandated participation in employment or educational activities may provide structure and routines to families;
- mandated participation in employment or educational activities may affect parental depression or aggravation and stress in parenting, either positively or negatively, depending on the parents' experience and success.

We hypothesized that the home environment and parenting practices may in turn affect child outcomes in the following ways:

- children's observation of domestic violence is associated with an increase in child behavior problems;
- domestic violence between partners predicts child abuse which is strongly linked to behavior problems;
- neglect has negative consequences for health, as well as cognitive and socioemotional development;
- regular routines (adequate sleep, regular meals) benefit children;
- aggravation and stress in parenting are related to child behavior problems.

Possible Measures. *Domestic Violence*. After much discussion about issues of sensitivity of the topic and confidentiality, we decided that domestic violence measures could not be used over the phone. However, there are questions from the National Survey of Families and from the JOBS Evaluation that could be used in the home in a self-administered format.

Additionally, Manpower Demonstration Research Corporation has developed a set of questions that specifically measures barriers to work which includes questions on domestic violence within the series of questions. These questions were asked in the JOBS Evaluation and can also be used in a self-administered format.

Abuse/neglect: Links to administrative records may be the best way to get at information on child abuse and neglect. After much discussion about issues of confidentiality and the restricted population of people included in administrative data, the discussion moved in the direction of asking questions on a survey that would indicate individuals *at risk* for abusive behavior. There is a single question in the JOBS Evaluation that can be used as an indicator as well as questions from Abt Associates that can be used. In the end, it was decided that the combination of administrative data and a few survey questions would be most informative.

We also briefly discussed the idea of using child abuse and neglect data as indicator data. Many states are already engaged in efforts to track child abuse and neglect over time.

Routines. Data on family routines can not be collected through administrative data. For survey data, the technical assistance team suggested the Family Routines Inventory. The inventory was used in the Head Start/Public School Transition Survey. These questions ask about the frequency with which family members engage in individual and mutual activities and the regularity of daily schedules. The team also suggested particular consideration of a draft version of the same inventory from the Early Childhood Longitudinal Study that is currently being pretested over the phone. This is an even shorter scale, with only 7 items.

Aggravation/stress in Parenting. Again, aggravation and stress in parenting are not available from administrative records, but there is a good measure for mixed mode surveys: the 5-item Aggravation in Parenting scale. This scale was developed for the JOBS evaluation and has strong psychometrics and predicts child behavior problems, based on analyses of the control group sample.

II. CHILD OUTCOMES

1. Child Health and Safety

There are a number of ways that welfare reform may ultimately affect child health and safety. Some examples include:

- sanctions may reduce income which could reduce money spent on food, which may leave the family short on food by the end of the month;
- work requirements may lead the parent to enroll the child in a day care center where the child is given regular check ups and immunizations are made current. This may result in a better overall health rating for the child;
- work requirements may lead to less parental supervision of the child which may result in an increase in number of accidents and injuries experienced by the child; or
- family income may increase over time, leading to improvements in nutrition and safety.

Possible Measures. The technical assistance team suggested a limited number of measures of hunger and nutrition. Steven Carlson of the Food and Consumer Service in the U.S. Department of Agriculture urged states to consider additional measures for this construct. He has subsequently provided Child Trends with sets of questions that ask the family about their food situation, which will be provided to states for their consideration. Immunization was discussed but it was agreed that survey measures of this construct are time consuming and problematic. Therefore states which are interested in examining policies related to immunization were urged to set up administrative systems to verify immunization. The group decided that immunization was not well suited for inclusion in a core set of constructs. One construct was added to the initial list and this was whether the child had a regular source of medical care. States also agreed to include teen childbearing as part of the common core.

2. Education

The education domain includes several constructs, some of which are more appropriate for some age groups than others. General hypotheses that might explain the relationship between welfare reform and different aspects of children's education were presented:

- parents who participate in work or training activities might establish regular routines for their children. The establishment of regular routines, such as nightly homework sessions, might have positive implications for children's school progress and academic achievement;
- welfare reform provisions, such as requiring that teen parents remain in school or implementing sanctions if children are not attending school, might increase parent's monitoring of children's school attendance. Regular school attendance might decrease the likelihood that children are held back a grade and may be positively associated with high school completion;
- parents' ability to monitor their children's behaviors and assist with school work might be compromised because of increased demands on their time. Lack of parental monitoring may have negative implications for children's school progress;

- family income may be increased due to employment or income disregards. Increases in family income may provide resources that facilitate learning;
- welfare reform provisions' work requirements are likely to lead to more children, particularly infants and toddlers, being placed in child care. Placement in child care of high quality may have positive implications for children's school performance, while placement in low-quality care or inconsistent arrangements may undermine school performance;
- welfare policies may bring about instability in living arrangements, such as family moves to find employment. Instability in living arrangements may have negative implications for children's school progress.

Possible Measures. Administrative Data. Some states may have access to standardized test scores and other data that they will be able to link to their research samples. However, gaining access to these data on an individual child level might prove to be very difficult. In addition, it is rare for schools to use the same tests, even within a particular county or school district. States need to explore the situation in their state.

Survey Measures. Meeting participants were provided with several survey measures of different aspects of children's education that can be administered over the phone or in an in-home interview. Sample size for a particular age group is a consideration for some of these measures, such as school readiness.

School readiness (0-5). Child Trends provided everyone with a copy of the National Household Education Survey (NHES) School Readiness Interview which is a 12-item developmental profile for preschool-aged children. State participants voted to drop this construct from the core list because of small sample sizes for this age group.

Engagement in school. States were provided with a measure of children's engagement in school developed by Dr. James Connell. This measure is both reliable and valid, and is predictive of school outcomes, such as attendance, grade point average, test scores, suspensions, and grade retention.

School attendance and grade repetition. Measuring school attendance and grade repetition is fairly straightforward, though it is possible that parents are not aware of all of their children's absences. Items from the Prospects Survey and the National Household Education Survey were recommended to the states.

Achievement. For states that are interested in conducting in-home interviews and who can then administer direct assessments of children's cognitive achievement, Child Trends provided a table, compiled by Abt Associates, which presents a review of measures of children's cognitive achievement and development. It was agreed that achievement tests would not be part of the common core.

Graduation from high school. A question from National Education Longitudinal Study 1988 Parent Questionnaire can be asked of parents. As with school readiness, this outcome only applies to a narrow age range. Therefore, it is necessary to examine the number of cases

available for analysis on this outcome. This construct was eliminated from the common core in the final discussion on Friday afternoon.

Grades. State participants agreed that they would like to add a measure of children's grades in school to the common core.

3. Social and Emotional Adjustment

Because of the number of different constructs under this domain, general hypotheses which may explain the relationship between welfare reform and children's and adolescent's social and emotional adjustment were presented:

- state welfare policies may increase or decrease levels of maternal depression and stress. Changes in maternal depression rates or stress could have implications (either positive or negative) for children's and adolescent's mental health and behavior;
- increased work requirements may lead to a decreased ability on the part of parents to monitor their children's behavior. Lack of parental monitoring and supervision due to increased participation in the workforce may lead to an increase in problem behaviors;
- welfare policies may bring about changes in family structure or family income. Changes in family structure or family income may have implications for children's and adolescent's mental health and behavior (either positive or negative);
- child support enforcement policies may increase fathers' involvement in their children's lives. Increased father involvement may increase or decrease children's behavior problems, depending on the quality and continuity of the relationship.

Possible Measures. Administrative Data. There are several possibilities for collecting information about children's social and emotional adjustment through administrative data. However, it was noted that these data will only be available for children who have entered the official system. For example, juvenile justice departments could provide data on official arrests and contacts with the police. However, these data do not capture those youth who have not been caught or who are engaging in behaviors that have not been serious enough to attract police attention.

Survey Data. Meeting participants considered a number of primarily parent-report measures of children's behaviors and emotional adjustment. For adolescents, it would be ideal to collect this information from the youth themselves. There are two possibilities. First, if conducting a telephone interview, it is possible to have parents "hand off" the phone to their adolescent child. This has been done previously in the National Commission on Children Telephone survey. For states who are considering in-home interviews, adolescents could answer questions using a self-administered questionnaire format.

Behavior Problems. General behavior problems: Child Trends recommended the Behavior Problems Index (BPI) as a measure of general behavior problems. This is a 28-item parent-report rating scale of children's behavior developed by Nick Zill and James Peterson, based on the Child Behavior Checklist developed by Achenbach and Edelbrock. There are versions

available for children ages 4-17. For shorter surveys, the technical assistance team recommended using two subscales from the BPI that tap externalizing and internalizing behaviors.

Delinquency, drug and alcohol use. The notebooks that were distributed to meeting participants, included several questions that can be asked of parents about their adolescents' behaviors. These come from the National Education Longitudinal Study (NELS) and the National Survey of America's Families. Questions from the NELS 1988 about alcohol use, drug use and problem behaviors can also be asked of adolescents. However, states agreed that these should not be part of the common core. However, a single item concerning arrests was added to the common core.

Positive Behaviors/Social Competence. Although measures of positive behaviors were not included in the measures notebook, state representatives agreed that these would be important to include as part of the common core. A measure that was used in the JOBS Evaluation and the New Chance Evaluation, the Positive Behaviors Scale, will be provided to states.

Depression/Mental Health. For children and youth ages 2-17, a copy of a short mental health measure developed by Achenbach for the National Health Interview Survey (NHIS) was suggested. These items overlap with the Behavior Problems Index, as both measures were developed using items from the Child Behavior Checklist. The short NHIS scale is designed to measure mental health, whereas the BPI is a more general measure of behavior problems.

For those states that are able to collect information about depressive symptoms from the adolescents themselves, a copy of the Center for Epidemiologic Studies Depression Scale for Children (CES-DC) was provided. This is a modified version of the Center for Epidemiologic Studies Depression Scale designed for use with adolescents ages 12-18.

Children's depression/mental health was eliminated from the common core.

III. POSSIBILITIES FOR ADDITIONAL FUNDING

Barbara Blum from the National Center for Children in Poverty introduced the panel of private foundation representatives. *Jennifer Phillips*, from the Charles Stewart Mott Foundation, provided a national foundation perspective about the importance of the Project on State-Level Child Outcomes. *Judith Simpson*, from the George Gund Foundation, provided a regional foundation perspective on how states should approach foundations to obtain funding to support their evaluations. *Mary Bogle* described an organization called Grant Makers for Children, Youth, and Families, a consortium of over 400 foundations.

The National Perspective

Jennifer Phillips presented three questions that foundations might ask themselves. First, why would they be interested in this type of research? Phillips noted that the end products of this research will be very important in shaping policy. Second, foundations might ask themselves what is the importance of measuring the effects of welfare reform on children? Third, what is

innovative about the Project on State-Level Child Outcomes, compared to other similar initiatives? Phillips noted that this project is one of the few forums where practitioners are formulating the research questions and the methods for collecting information on children. This project will form a "national patchwork" of information that as a whole, will provide important information on the well-being of children. This patchwork has the potential to reframe the current welfare debate.

The Regional/Local Perspective

Judith Simpson presented several techniques for approaching local and regional funders for support. First, she explained that there are two types of local and state funders: private foundations and community foundations. These foundations range from the very small to the very large. Most states have a regional association of grant makers. Simpson suggested that one way to approach these funders is to ask if the regional association would convene a meeting so that a state could provide an educational presentation about this project.

Second, a welfare reform evaluation project needs to be framed appropriately for a state funder. Many foundations might say that they do not fund research, but this might actually mean that they do not have the staff to evaluate a research proposal. Instead, Simpson suggested to the states that they should say they would like to "engage in an assessment process" to determine how and in what ways welfare reforms are affecting children.

Third, funders should not be overwhelmed with paper or descriptions of research methodologies or measures. Fourth, those who are approaching funders should acknowledge that this is a competitive environment. Foundations are asked not only to fund research but also are increasingly asked to "prop up" the safety net for poor families (for example, by funding food banks and homeless shelters). Funders will need to be shown that welfare reform research is critical in the context of other service delivery needs that they might be asked to fund. Simpson also noted that funders are interested in the availability of interim data. They do not necessarily want to wait five years for results. In addition, community foundations will want analyses for a particular community because they have geographic restrictions on funding. States who approach private funders should also note whether the foundation money will leverage other funds, either public or private. An additional "selling point" for the states that are participating in this project is that they have worked with the U.S. Department of Health and Human Services, the NICHD Family and Child Well-being Network, Child Trends, and all of the participating states to develop a common core of measures.

Grant Makers for Children, Youth, and Families:

Grant Makers for Children, Youth, and Families has over 400 foundations as members. This organization sponsors Learning Circles for these foundations. Three to five topics are highlighted each year. One of the Learning Circle topics this year is "Creative Foundation Responses to Devolution." Grant Makers is compiling a notebook that will contain information about various projects, including the Project on State-Level Child Outcomes. Mary Bogle asked

state representatives to let her know what successes they have had in working with private foundations.

IV. NEXT STEPS FOR TECHNICAL ASSISTANCE

It is anticipated that the group, potentially including all twelve states, will continue meeting over the next several years, as impact and indicator work is designed and implemented. Members of the technical assistance team agreed to be in regular contact with state participants about constructs and measures for their impact studies, as well as the indicators meeting. In addition, ways to share the information generated as a part of this process with states that are not involved will be considered.

The core constructs chart that was distributed at the meeting needed to be revised, based on the discussions and recommendations of the meeting participants. A copy of the revised construct chart appears in the Appendix.

APPENDIX

Summary of the Meeting to Inform the Child Care Components of State Welfare Waiver Evaluations
February 7, 1997

Key Findings, Measurement and Design Issues, and Recommendations for Addressing Child Care in the State Welfare Waiver Evaluations

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A meeting of child care researchers, federal and state child care administrators, and participants in the studies of child outcomes in the context of state welfare waiver evaluations was convened on February 7, 1997. The purpose of this meeting was to ask for input as to the most important aspects of child care to cover in the state welfare waiver evaluations, and for advice on specific measures of child care for inclusion in these evaluations. A second purpose of the meeting was to discuss more broadly the key issues concerning child care in the new policy context that should be examined in future research.

This document summarizes (1) key *findings* from the research, as discussed at the meeting, that can help provide a context for the study of child care issues within the state welfare waiver evaluations; (2) *design and measurement issues* raised at the meeting that should be taken into account in the welfare waiver evaluation studies; (3) preliminary suggestions for what *aspects* of child care could be addressed in the evaluation studies, and what specific child care *measures* could be used in these studies.

I. Key Findings From the Child Care Research, Presented at the February 7th Meeting, that are Pertinent to the Welfare Waiver Evaluations

We highlight here research findings presented at the February 7th meeting, that may be particularly important for understanding child care use and its implications in low income families.

A. Quality of care and family income. Income is associated with quality in family day care homes as well as in child care centers. For families using family day care, the evidence indicates that quality of care increases with family income. For families using center care the relationship is more complex. Rather than children from families with the lowest income receiving the poorest quality care, it is children just above the poverty line who appear to be the most likely to get low quality care.

B. Child care doesn't only affect the child. Researchers at the meeting noted repeatedly that child care has the potential to affect not only *children's development*, but also *mothers' ability to maintain employment and program participation*, and *family stress/stability*. **We need to consider simultaneously whether child care supports mothers' employment *and* children's development.**

C. Child care quality and children's development. Studies consistently find that child care quality is related to child outcomes in multiple domains of development.

A review of the evidence on how child care quality affects children's development *concurrently* found that outcomes most commonly associated with *higher quality care* include: more optimal peer interactions, more positive social skills, a higher complexity of play, higher levels of social problem-solving, and fewer and less serious behavior problems.

Patterns most consistently found in the research in association with *lower quality care* include children engaging more often in solitary play and wandering aimlessly, a lack of involvement in classroom activities, more crying and negativity, less sustained verbal interactions, and lower levels of language development.

Longitudinal benefits (at preschool age) of higher quality of child care during the infancy period include less distractibility and more task-orientation, more considerate social interaction, better academic progress and fewer academic problems.

While associations between child care quality and child outcomes are found quite consistently, in some research the magnitude of the relationship is modest.

D. The importance of quality of child care for children in families at risk. Quality of care matters to children's development across all income groups. However there is some evidence that the quality of care matters *more* for children from families at risk. For example, a study of

children in center care found that care quality had larger effects for children from families with lower parental education.

E. The importance of aspects of child care to mothers' ability to maintain employment and program participation. Mothers appear to be attuned to aspects of care that are particularly important to making their employment and program participation viable: stability/reliability, and convenience/location.

F. Aspects of child care that are related to mothers' discontinuing program participation. Mothers' discontinuing their participation in a welfare-to-work program has been found to be related to concerns about the staff:child ratio, safety, and reliability of child care.

G. Child care and family stress. Several researchers at the meeting noted evidence that a breakdown in child care arrangements acts as a source of stress to mothers and families. Consistent child care can stabilize a family otherwise characterized by turbulence, such as homelessness.

H. Findings on family day care. Many low income families rely on family day care rather than formal care. A study of family day care found that much of that care is of poor quality. There is also evidence of much turnover of providers/ instability in family day care (noted by several researchers at the meeting). Findings on the quality of care in family day care settings noted at the meeting include the following points:

1. Quality of family day care was higher when the provider was licensed.

2. The caregiver's reasons for providing child care were important. The quality of care was higher when the caregiver reported that this was her chosen profession. It was lower when she noted that she worked primarily for the money, or that she cared for other children primarily as a way to stay with her own children.

3. Quality of care was higher when the education of the provider was higher.

4.Group size and ratio for older children did not seem to be very important in family day care, (though these are consistently found to be important in center day care), perhaps because group sizes in family day care are typically small and children are more likely to vary in age.

5. However for infants, there seems to be an important distinction between care that is provided 1:1 (for example, a grandmother caring for one infant), and care that involves 2 or more children per caregiver.

I. Findings on infant care. Studies are showing widespread use of child care for infants. The NICHD Study of Early Child Care has found that 72% of children in their sample had experienced child care (by a caregiver other than mother or father) by their first birthday, and that those children averaged 29 hours per week in care. Most of this care was in informal arrangements. With the number of babies in care so high, quality of care for infants is important.

1. The particular features of care that matter to infants' development vary depending on what aspect of development (for example, peer relations, attachment relationships with adults, curiosity) is being considered. However, overall, infants fare better when:

group sizes were smaller and there were fewer children per adult, the physical setting was rated as safer and more stimulating, care givers had more education, care givers had less authoritarian attitudes about child rearing, and there was greater stability of care.

2. But the importance of these different quality features for children's development differed somewhat for care in a home as opposed to child care center.

In home settings, going from one to two (or more) children per adult reduced quality, and authoritarian child rearing attitudes were associated with lower quality.

In center care for infants, caregiver training and education, group size, and ratio were important.

J. Findings on state child care regulations. A study carried out in Florida found that when state regulations changed, requiring ratios of 1:4, instead of 1:6, and increasing requirements for staff training, child outcomes improved. The study of Cost Quality and Child Outcomes in Child Care Centers also found higher quality center child care in states with tighter regulations.

K. Findings on availability of care. Participants at the meeting pointed to evidence of substantial variation across communities in how many center slots there are for children.

1. Even across low income communities with similar demographic characteristics, the availability of center slots can differ dramatically.

2. A new study is looking at how the supply and cost of care vary by community characteristics, such as the percent of children who are poor and the percent of female- headed households. Preliminary findings from this study will be available soon.

3. At the meeting it was stressed that mothers' choice of type of care is related to the availability of different types of care in a community. It is important to collect information about the type of care used by low income families, but this information needs to be placed in the context of care available within the community.

L. Choice of type of care in relation to family race/ethnicity. There is evidence of differences in the type of care chosen by families of different race/ethnicity. Hispanic mothers are less likely to choose formal child care. This appears to be related both to the relative availability (lack of availability) of center care in neighborhoods with high concentrations of Hispanic families, but also to beliefs about child rearing. Latino mothers believe that in center care their children will become more independent and individualistic. This is not in accord with their socialization goals. In general, research needs to consider the issue of child care use (type and extent) in relation to culture and beliefs about child rearing.

M. Child health in center and family day care settings. The accumulated evidence is usually summarized as showing that children in center day care have more absences than children in family day care homes, who in turn have more absences than children cared for at home. However, when illnesses are examined instead of absences, children in day care homes exceed those in centers.

Parent recall is an issue here. Children in centers are more likely to be excluded when they are ill. Parents with children in centers may be more likely to remember days involving absences.

N. Use of child care subsidies. Findings show that a substantial proportion of families transitioning off of AFDC in the past were paying for child care, and not using subsidies This may reflect a lack of information about eligibility for subsidies. It may also reflect difficulty getting the subsidies.

II. Design and Measurement Issues Raised at the Meeting Pertinent to the State Welfare Waiver Evaluations

Participants at the meeting had been asked to comment on design and measurement issues pertinent to the state welfare evaluation studies. A summary of key issues raised at the meeting follows:

A. Age of children focused on in the state studies

1. The role of child care will be different if the state evaluation is focusing on 5-12 year old children as opposed to younger children. The meeting did not focus specifically on after-school arrangements, care during the summer, self-care, or care during non-standard hours at length, but these may play a large role in the state studies.

2. In states focusing on 5-12 year old children, we can still ask some key questions retrospectively, for example about stability of care. We can also ask concurrently about after-school care, care during non-standard work hours, care used during the summer, and self-care.

B. Timing of the survey in relation to random assignment

1. In states that choose to field a survey to augment their evaluations, the role of child care will also vary depending on the number of years after random assignment that the survey is administered. For example, the role of child care soon after random assignment may differ from the role it plays 3 or 4 years after random assignment.

2. It is still important to study child care even 3-4 years after random assignment especially among respondents who are employed. It will still be important to know about type of care used, reliance on self-care by the child, handling of nontraditional hours and summer, and stability of care.

C. Use of administrative data: challenges and opportunities

We are at a turning point in terms of the use of administrative data to study child care issues in the states.

1. A new set of projects launched by the Child Care Bureau involves collaborations by researchers, state child care administrators and resource and referral agencies to examine such issues as cost and availability of child care in relation to community characteristics. Preliminary findings from these studies will be available soon.

2. It was noted at the meeting that there is drastic variation across locales in terms of how child care administrative data are collected and summarized, from pencil and paper tallies, to more sophisticated on-line systems.

3. In addition to variation in the quality of administrative data, participants at the meeting noted that these data are also generally available only for those receiving services and subsidies. Therefore, using only administrative data produces a biased sample, excluding those no longer receiving services and funds and those not currently utilizing services or subsidies that they are entitled to. A survey may be necessary to get information for a broader sample, including those who received services and subsidies in the past and those eligible but not receiving services or funds.

4. There may be important changes in administrative data collection regarding child care in the future. While data were collected and summarized at the aggregate level in the past, states will now be append information that will make it possible to look at individual recipients, and relate child care use and use of subsidies to other data.

5. We need to think about the extent to which these changes in administrative data collection can benefit the state evaluations, and the extent to which the changes will not be fully realized soon enough to build on in these evaluations but could be critical in further work.

D. What can mothers report on? When should the state studies turn to other respondents and data collection strategies?

1. **Concerns about maternal report.** There was much discussion at the meeting about maternal report. There was agreement that mothers are good sources of information on some aspects of child care, but not very good sources at all regarding other aspects of child care.

2. **When are mothers good sources of information about child care?** The researchers at the meeting felt that mothers *could* be turned to for information about the following aspects of child care.

For a particular child (focal child):

Number of different child care arrangements used regularly for focal child at present; type of care setting (center care, family day care, etc.) for primary arrangement or all arrangements; hours per week child participates; number of children present in group; ages of children present; number of care providers in group; relation of mother to care provider (is provider a relative or nonrelative); whether the care setting is licensed; how much household pays for primary arrangement or all arrangements for child; assistance in paying for child care; location of care/convenience of getting to care.

For all children in the family:

How many different care situations the mother relies on for all of her children currently; whether any one care setting provides care for more than one of her children; how much household pays for child care for all children in family; assistance in paying for child care for all children; whether any of children in family cares for self on own on a regular basis; whether any of children in family cares for younger siblings on a regular basis.

For all children or for focal child:

How often a child care arrangement has broken down over the past (month, 6 months, year, other interval); number of different arrangements mother has had to rely on over the past (month, 6 months, year, other interval) for focal child or all children; whether mother has access to care when child or children are sick; how often mother has had to miss work/school/training because a child was sick and could not go to child care; how often mother has had to miss work/school/training because of any other child care issues; reliance on care for children during nontraditional hours; difficulty in arranging such care; if mother were entirely free to choose, would she change child care provider for focal child/any of her children; extent to which concerns about child care are a source of stress to mother; whether mother sometimes works hours that are not covered by child care arrangements for her child(ren).

3. **When is maternal report questionable?** Mothers do not seem to be good reporters of *caregiver education or training.*

In addition, it appears to be very important *how* questions about *maternal satisfaction with child care* are worded. When asked about their overall satisfaction with child care, mothers consistently report high levels of satisfaction, and their ratings do not correspond closely with on-site observations of the quality of care. It is possible that mothers react to global questions about satisfaction with child care on grounds that are different than what child care researchers are looking for when they are rating child care quality. In particular, mothers may complete such ratings from the perspective of the realistic constraints and demands of their lives (e.g., regarding employment, cost, other children's needs).

Yet when mothers are asked if they would choose to *change* child care providers *if they were free to*, mothers show much more variation in response. This may be a better way to approach the issue of maternal satisfaction with child care.

4. **What data could be obtained by contacting care providers?** It was noted that maternal permission can be obtained to call or send a survey to the child's child care provider. Providers can report on:

Caregiver education and training; caregiver salaries; group size and ratio; ages of children; type of care; auspice of care; licensing and certification; hours and days care available; if in center, number of classrooms; ages of children who attend; proportion of children receiving subsidies; "intentionality," or reasons provider is working in this capacity (as a profession, primarily to earn money, primarily as a means to be with her own children while earning money); authoritarian child rearing attitudes.

5. **What kinds of information require on-site observations?** Certain aspects of quality require on-site direct observation for reliable measurement. These include observations of the quality and quantity of caregiver-child interaction, of child peer interactions, and of child task-

orientation (as opposed to aimless wandering). On-site observations can also yield information about the physical characteristics of the setting and safety.

E. Care instability and the value of collecting data about child care quality in the context of the state welfare waiver evaluations

An important concern was voiced about collecting data (via maternal report, provider report or direct observation) about a child's current primary child care arrangement. There may be so much instability of care that attempting to measure the quality of care in any one setting may give us very little information about a particular child's cumulative experiences. If we attempt to document child care experiences at only one point in time, we may have a very narrow window on child care quality, and a very limited basis for examining child care experience as a predictor of child outcomes. In short, it may be more valuable to view the child care information as one factor in the mother's employment and well-being, than as a mediator of the child's outcomes.

Thus, the possibility was raised that it may be more important in this sample to obtain measures of:

- convenience of care for parent
- stability/continuity
- cost
- relationship with provider
- degree to which care is a source of stress for the parent
- mother's perceptions of safety, reliability, trustworthiness of the provider

We note that a one-time profile of the child's current child care experience could serve as valuable *descriptive* information, helping us to document the kinds of child care children in families receiving or transitioning from public assistance experience. That is, even if we decide that a one-time measure of child care type and quality is of limited usefulness in predicting to child outcomes, we still may want to be able to describe the child care settings. In addition, it may be that arrangements are fairly similar, and that obtaining information on one setting reflects characteristics of other settings the child is in or has been in.

F. Concerns about measures of caregiver sensitivity and the physical setting in direct observations of the quality of care

It is important to be aware that many of the measures involving direct observation of the child care environment were designed using middle-class Caucasian samples. Within these measures of child care quality involving direct observation, the appropriateness of the ratings of caregiver sensitivity across different population groups has not been explicitly examined. "Sensitive" care giving may not look the same across ethnic groups; the cultural context of the interaction between caregiver and child is critical to understand. It is important to review ratings of caregiver sensitivity from this perspective.

In addition, in some currently used measures of the quality of the child care environment, ratings of caregiver-child interaction are made *only if* the ratings of the physical environment indicate a sufficient level of physical safety and presence of materials. Because caregiver-child interactions have an intrinsic value, and because the material focus of the measures might preclude ratings of caregiver-child interactions in child care arrangements with limited resources, it may be important in the future to eliminate the linkage between carrying out ratings of the physical environment and of caregiver-child interaction.

G. Measures of care type used, and child outcome measures, must be understood in cultural context.

Culture and beliefs can affect whether child care is used (see summary of findings). In addition, parent-report measures of child outcomes (for example, a description of the child's behaviors) must also be seen in cultural context. For example, such measures might view independence and autonomy as positive, whereas these may go against socialization goals in some cultures. We need to be careful in our interpretation of parent-report child outcome measures.

III. Recommendations for Aspects of Care to Measure and for Specific Measures to Use in State Welfare Waiver Evaluations

Researchers at the meeting stressed two main themes: the connection between child care and the mother's ability to participate in work, and the connection between child care and child outcomes. Below we summarize aspects of child care that could be addressed in the state studies concerning each of these. We summarize aspects of care that could be addressed separately according to different options that states might take in collecting data: relying on mother as a respondent in a survey, obtaining permission to contact child care providers, and assessing child care quality through direct observation.

A. Mother as respondent in a survey

1. States may want to know how child care affects the ability of recipients to get and maintain employment. Relevant aspects of child care include:

a. the supply of child care (if through administrative data, then number of center slots and licensed family day care slots available per 1,000 children in recipients neighborhood)

b. mother's perception of difficulty in finding care for focal child/all children

c. reliance on care for non-traditional hours; difficulty in finding such care

d. the number of different arrangements the parent is having to use simultaneously for focal child/all children

e. the cost of care for focal child/all children

f. use of subsidies for care for focal child's care/all children

g. the convenience of care (location and transportation issues)--focal child/all children

h. availability of care for child(ren) when ill

I. frequency with which mother has had to miss work/school/training because of problems with child care (note nature of problem)

j. frequency with which work schedules/ demands have disrupted child care arrangements

k. rating of child care as a source of stress for the mother

l. if mother were free to choose, would she change care provider for focal child/any of her children?

m. if mother has access to a phone at work, so that she can touch base with child care provider and/or children, and receive emergency calls while children are in child care

2. States may want to know how child care or lack of child care affects the development of the child. In addition, (or instead), states may want to be able to describe the child care settings that children in the studies are experiencing. Here measures would pertain to the focal child, because we would be seeking to describe a particular child's experiences and relate these experiences to his/her development. Relevant aspects of care to measure for these purposes include:

a. type of care (primary arrangement/all current regular arrangements--number of concurrent arrangements)

b. hours per week in primary arrangement/all current regular arrangements

c. number of children in child's group

d. number of providers in child's group

e. licensed care or not

f. whether the child takes care of him/herself on an occasional or regular basis

g. whether the child is cared for by a sibling on an occasional or regular basis

h. how many caregivers child has had in the last year (or choose longer interval)

3. For older children (7-14), it would be very important to go beyond consideration of center care, family day care, and reliance on relatives and neighbors as forms of care. Types of care for older children should include also after-school child care, after-school activities, boys and girls clubs, and regularly scheduled lessons. It would continue to be important to ask about self-care and care by siblings. It would also become important to ask about whether child is in charge of siblings or other children on a regular basis.

B. Permission obtained to contact child care provider

An intermediate method of getting reliable information on characteristics of care that are related to child care quality is to call the provider of child care, or send the provider a survey. In this case, states could address:

a. number of children in child's group

b. number of caregivers in child's group

c. training and education of child's primary provider

d. "intentionality" (reasons for being a child care provider)

e. licensed or not

f. auspice of care

g. attitudes about caregiving (e.g., authoritarian)

h. hours and days care provided

I. cost of care

C. <u>Permission obtained to observe in care setting</u>

There is clear added value to doing direct observations of the physical environment in child care settings, *and* of interactive aspects of child care (caregiver-child interactions, and child's interactions with peers). Additional recommendations regarding measures for direct observation of the child care setting would be made according to the specific hypotheses and research designs being used by states deciding to pursue this approach.

FIGURES

Figure 1

Initial Model

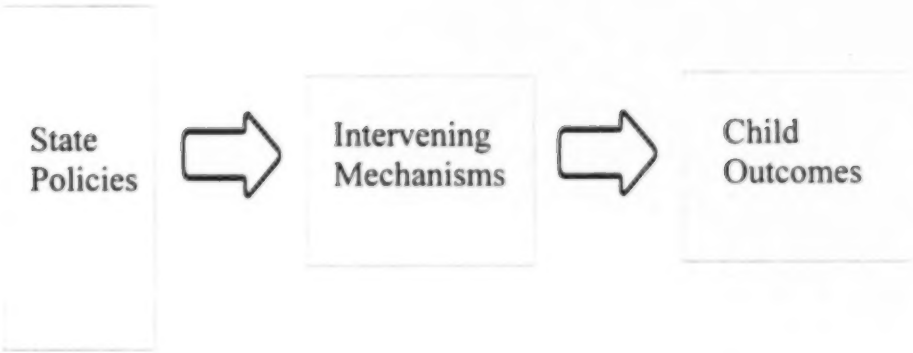

Figure 2

Differentiation of Intervening Mechanisms Following State Discussion

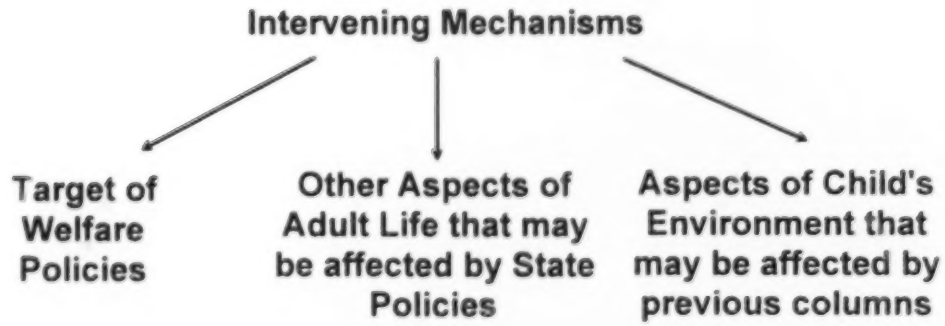
Intervening Mechanisms
Target of Welfare Policies
Other Aspects of Adult Life that may be affected by State Policies
Aspects of Child's Environment that may be affected by previous columns

Figure 3

Differentiation of Child Outcomes Following State Discussions

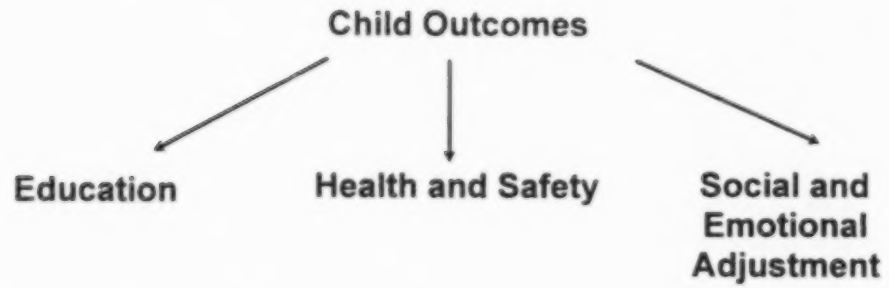

Figure 4

Conceptual Framework Following State Discussions

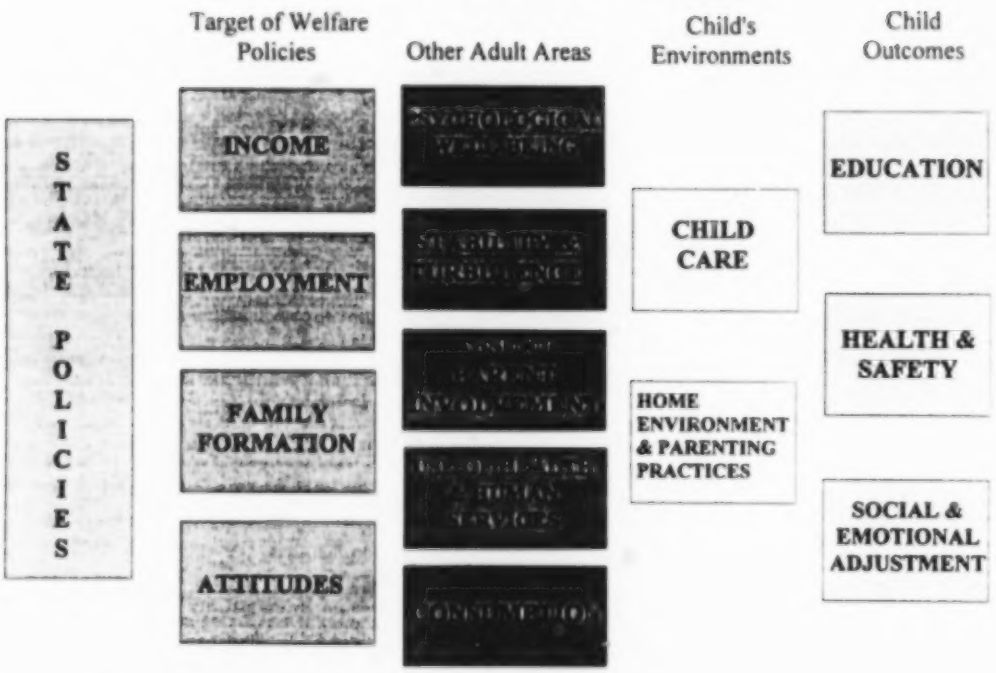

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Figure 6

Aspects of Constructs to be Measured Following State Prioritization Target of Welfare Policies

INCOME

Total Income
Sources of Income (mother's earnings,father's earnings, child support, AFDC, Food Stamps, SSI)
Stability of Income (CTI Pick)

EMPLOYMENT

Any vs. None
Health benefits through employment
Wages (hourly)
Hours of employment
Stability of employment
Education/Licenses
Job Skills (Hard & Soft)

FAMILY FORMATION

Nonmarital birth
Family living arrangements
Marital Status, with bio or non-bio father (CTI pick)

ATTITUDES

Attitudes about welfare (CTI Pick)
Attitudes about work (CTI Pick)

Figure 5

Other Aspects of Adult Life That May Be Affected by State Policies

PSYCHOLOGICAL WELL-BEING

Depression

STABILITY & TURBULENCE

Foster care
Stability in child care
Stability in income
# of moves of residence (CTI Pick)
Changes in marital status or cohabitation (CTI Pick)

ABSENT PARENT INVOLVEMENT

Whether child support provided
Paternity establishment
Frequency of contact with child (CTI Pick)

USE OF HEALTH & HUMAN SERVICES

Food Stamps
Medicaid (awareness, use, eligibility)
Child care subsidy (awareness, use, eligibility)
Access to medical care (CTI Pick)

CONSUMPTION

% of income spent on child care, rent, food

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Figure 7

Aspects of Child's Environment That May Be Affected by Previous Columns

CHILD CARE	Accessibility, location, transportation Availability of care for nontraditional hours, infant care, sick care Cost Type Extent (CTI Pick) Markers of Quality (group size, ratio, licensing) (CTI Pick) Stability (CTI Pick) Problems with work because of child care issues (CTI Pick) In-Home Study: Child Calendar
HOME ENVIRONMENT & PARENTING PRACTICES	Abuse/neglect (Admin. Data) Domestic Violence/abusive relationships Family routines (CTI Pick) Aggravation/stress in parenting (CTI Pick) In-Home Study: HOME-type scale

Figure 8

Aspects of Child Outcomes to be Measured Following State Prioritization

EDUCATION	School readiness School attendance School performance Drop-out Graduation rates In home study: Achievement tests
HEALTH & SAFETY	Hunger and nutrition Immunization Health rating
SOCIAL & EMOTIONAL ADJUSTMENT	Behavior Problems Depression/Mental Health

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Prioritization of Outcomes for Welfare Reform Studies
Project on State Level Child Outcomes

AGE 0-5

What are the child outcomes your state wants to measure? If you think any have been overlooked please add them in the blank table and list their priority. Please indicate **C** if you feel the construct should be core or included in all of the state evaluation or **S** if you feel the construct should be core only for your particular state. Please indicate a H, M, or L for high, medium, or low priority for use within an indicators project.

Health and Safety	Impact	Indicator	**Education**	Impact	Indicator	**Social and Emotional Adjustment**	Impact	Indicator
Accidents and injuries			Achievement tests			Behavior problems		
Apgar score (child's health at birth)			School attendance			Fears, phobia, and anxiety		
Child abuse			School readiness			Institutionalization (criminal, mental health)		
Emergency room visits			Special education (referrals or placements)			Parent-child relationship		
Hunger/nutrition						Sibling relationships		
Immunization						Social skills		
Lead exposure								
Limiting health (physical or mental) conditions								
Low birth weight								
Morbidity (sickness/disease)								
Mortality								
Perception of safety								
Prenatal care (Kessner index looks at both timeliness and quantity of prenatal care)								
Rating of child's health (single question, parent rating)								
Screens for developmental delay (e.g., did child walk on-time, language development)								

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AGE 6-11

Please indicate **C** if you feel the construct should be core or included in all of the state evaluation or **S** if you feel the construct should be core only for your particular state. Please indicate a H, M, or L for high, medium, or low priority for use within an indicators project.

Health and Safety	**Impact**	**Indicator**	**Education**	**Impact**	**Indicator**	**Social and Emotional Adjustment**	**Impact**	**Indicator**
Accidents and injuries			Achievement tests			Behavior problems		
Child abuse			Dropping out			Confidence/self-esteem/perceived self-competence		
Emergency room visits			Educational expectations and aspirations			Depression/mental health		
Hunger/nutrition			Repeating a grade			Drug/alcohol/tobacco use		
Immunization			School attendance			Fears, phobia, and anxiety		
Lead exposure			School engagement (Scale measuring how much effort a child is putting into his/her schoolwork)			Gang membership		
Limiting health (physical or mental) conditions			School performance			Institutionalization (criminal, mental health)		
Morbidity (sickness/disease)			School suspension/expulsion			Juvenile justice/illegal activities		
Mortality			Special education (referrals or placements)			Life satisfaction		
Perception of safety						Parent-child relationship		
Rating of child's health (single question, parent rating)						Religiosity/spirituality		
Screens for developmental delay (e.g., did child walk on-time, language development)						Sibling relationships		
						Social skills		
						Teen pregnancy/abortion/child bearing		
						Volunteering		

AGE 12-17

Please indicate C if you feel the construct should be core or included in all of the state evaluation or S if you feel the construct should be core only for your particular state. Please indicate a H, M, or L for high, medium, or low priority for use within an indicators project.

Health and Safety	**Impact**	**Indicator**	**Education**	**Impact**	**Indicator**	**Social and Emotional Adjustment**	**Impact**	**Indicator**
Accidents and injuries			Achievement tests			Behavior problems		
Child abuse			Dropping out			Confidence/self-esteem/perceived self-competence		
Emergency room visits			Educational expectations and aspirations			Depression/mental health		
Hunger/nutrition			High School Graduation/GED			Disengagement (not in school and not working) and child's attitude about work		
Immunization			Repeating a grade			Drug/alcohol/tobacco use		
Lead exposure			School attendance			Employment and employment in relation to schooling (crowding out of schooling)		
Limiting health (physical or mental) conditions			School engagement (Scale measuring how much effort a child is putting into his/her schoolwork)			Fears, phobia, and anxiety		
Morbidity (sickness/disease)			School performance			Gang membership		
Mortality			School suspension/expulsion			Institutionalization (criminal, mental health)		
Perception of safety			Special education (referrals or placements)			Juvenile justice/illegal activities		
Rating of child's health (single question, parent rating)						Life satisfaction		
Screens for developmental delay (e.g., did child walk on-time, language development)						Parent-child relationship		
						Religiosity/spirituality		
						Sibling relationships		
						Social skills		
						Teen pregnancy/abortion/child bearing		
						Volunteering		

OTHER CONSTRUCTS

List any additional constructs you feel should be measured along with the appropriate rating.

Health and Safety	Impact	Indicator	Education	Impact	Indicator	Social and Emotional Adjustment	Impact	Indicator

STATE: _____

Prioritization of Intervening Mechanisms for Welfare Reform Studies
Project on State Level Child Outcomes

What are the intervening mechanisms your state wants to measure? If you think any have been overlooked please add them in the blank table and list their priority. Please indicate **C** if you feel the construct should be core or included in all of the state evaluations or **S** if you feel the construct should be core only for your particular state. Please indicate a H, M, or L for high, medium, or low priority for use within an indicators project.

Income	**Impact**	**Indicator**	**Employment**	**Impact**	**Indicator**	**Family Formation and Dissolution**	**Impact**	**Indicator**
Child Support			Accessibility (transportation)			Abortion		
Hourly wages			Any vs. none			Adoption/relinquishment		
Level of income			Flexibility of work (e.g., take emergency leave)			Emancipation of adolescents		
Sources of income (mom, dad, child, welfare, % of total income)			Fringe benefits			Family Planning		
Stability of income			Health coverage			Foster Care		
Type of income (in-kind, cash, earned)			Hours			Marital status/cohabitation with biological or non-biological parent		
			Number of jobs worked			Multi-generational household		
			Quality of work			Non-marital birth		
			Satisfaction with job			Number of subsequent births		
			Shift work			Teen birth		
			Stability of work, months consistently employed/ job retention					
			Subsidized or not					
			Wages (hourly)					

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Father/Absent Parent Characteristics and Involvement	Impact	Indicator	Stability/ Turbulence	Impact	Indicator	Use of Health and Human Services	Impact	Indicator
Amount and frequency of father involvement Child support payments Paternity establishment Quality of father involvement Residence (with child, jail) Stability of contact Stress, conflict between parents Type of contact (visitation)			Changes in: Child care (changes in arrangements, caretakers) Child's School Family living arrangements (doubling up, living apart from parents, kin, homelessness) Family structure Income Residence			Access to medical care (e.g., due to insurance coverage, transportation, remoteness) Change in SSI use Put off medical care for some reason Use of drug prevention programs Use of food stamps Use of health services Use of mental health services Use of prenatal care Use of recreational programs Use of special educational service Use of transitional child care Use of transitional Medicaid Use of WIC		

Child Care	Impact	Indicator	Changes in Resident Parent's Personal & Interpersonal Attitudes & Skills	Impact	Indicator	Parenting Practices	Impact	Indicator
Accessibility , transportation Availability of care for non-traditional work hours, infant care, sick care Availability of child care, system capacity Cost Licensing Parent Satisfaction Quality (staff turnover, ratios, group size) Stability Type			Attitudes about welfare Educational aspirations and expectations for the child Education/Licenses Job skills hard (e.g., technical skills) and soft (e.g., knowledge of expectations in the work place) Level of personal responsibility Problem solving skills Resident parent's attitude/preference for work Socialization of the parent to work, routines, willing to stay employed (work ethic)			Abuse-neglect Chores, housework by child Cognitive Stimulation Community involvement Discipline Drug-free, no alcohol abuse Harsh parenting Immunizations Parent-child interaction (warmth, aggravation) Parent's mobilization of resources (car pools, sports, teams, free community activities) Parental monitoring (school on time, knowledge of friends) Parental school involvement Recreational time with children Regular routines Role modeling (work, education)		

Social Support	Impact	Indicator	Consumption	Impact	Indicator	Resident Parent's Psychological Well-being and Physical Health	Impact	Indicator
Amount of social support Extended families & resources Friendship Networks Kinship networks Mother-figure, Father-figure Organized Activities (community, church) Quality of social support Reciprocity of (give vs. got) Satisfaction with social support Type of social support (emotional, instrumental, social, parenting)			Distribution of income within the family (how much is spent on whom) Housing quality Material deprivation Neighborhood quality Resource utilization (% spent on child care, rent, food)			Depression Domestic violence /abusive relationships Physical Health Self-efficacy/ Locus of control Self-esteem Stress: degree and source (e.g., time, financial, parenting)		

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Core Constructs (4/8/97)

TARGET OF WELFARE POLICIES

INCOME:
Total income

Sources of Income (mother's earnings, father's earnings, child support, AFDC, food stamps, SSI, Foster Care/Adoption)

Stability of Income

Financial Strain/Material hardship

EMPLOYMENT:
Any vs. None

Health benefits through employment

Wages (hourly)

Hours of employment

Stability of employment

Education/Licenses

Job Skills (Hard)

Multiple jobs concurrently

Barriers to Employment (harassment, violence)

FAMILY FORMATION:
Nonmarital birth/Marital birth

Child/Family living arrangements

Marital Status, whether married to biological or non-biological father

OTHER VARIABLES LIKELY TO BE AFFECTED BY STATE POLICIES

PSYCHOLOGICAL WELL-BEING:
Depression

STABILITY AND TURBULENCE:
Foster care

Stability in child care

Stability in income

# of moves of residence

Change in marital status or cohabitation

Why child not living with family

ABSENT PARENT INVOLVEMENT:
Whether child support provided

Paternity establishment

Frequency of contact with child

USE OF HEALTH & HUMAN SERVICES:
Food stamps

Medicaid (awareness, use, eligibility)

Child care subsidy (awareness, use, eligibility)

Access to medical care

CONSUMPTION:
% of income spent on child care and rent

ASPECT OF CHILD'S ENVIRONMENT LIKELY TO BE AFFECTED BY PREVIOUS COLUMNS

CHILD CARE:
Type

Extent

Quality (group size, ratio, licensing, parent perception)

Stability

Child Care Calendar for last several years

HOME ENVIRONMENT AND PARENTING PRACTICES:
Child Abuse/neglect (Admin. Data)

Domestic Violence/Abusive Relationships

Family Routines

Aggravation/stress in parenting

HOME (Emotional Support and Cognitive Stimulation Scales)

CHILD OUTCOMES

EDUCATION:
Engagement in school (ages 6-12)

School attendance (All Child)

School Performance (All Child)

Suspended/expelled (All Child)

Grades (ages 6-12)

HEALTH AND SAFETY:
Hunger/nutrition (ages 5-12)

Rating of child's health (ages 5-12)

Regular source of care (ages 5-12)

Teen Childbearing (ages 14-17) (All Child)

Accidents and injuries (All Child)

SOCIAL & EMOTIONAL ADJUSTMENT:
Behavior problems Index (ages 5-12)

Arrests (All Child)

Positive Behaviors/Social Competence Scale (ages 5-12)

PROJECT ON STATE-LEVEL CHILD OUTCOMES:
SECOND MEETING
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